

REASON FOR NEW I-20 *(Please check all that apply)*

Part Time Commuting Canadian *

Requesting I-20 For: Semester: _____ Year: _____

In my previous semester: Semester: _____ Year: _____, I was Full Time Part Time

REMINDER: You are not eligible for on-campus employment on the part-time I-20

All my courses will be online this semester

Commuting Canadian changing from Part-Time to Full-Time * for: Semester: _____ Year: _____

Entry to Regain Status *

Reinstatement Within the U.S. *

Change of Major *

New Major: _____

Start Date: ____/____/____ Expected Graduation Date: ____/____/____

Change of Program Level *

From: _____ To: _____

Change of Visa Status * *(Example: Changing from F-2 to F-1, or H-4 to F-1, etc.)*

Current Visa Status: _____ New Visa Status: _____

Pursuing Second Degree Program *

New Program: _____

Start Date: ____/____/____ Expected Graduation Date: ____/____/____

NOTE: Proof of Admission Must Be Attached.

Other: _____

Dependents * *(ONLY if you are requesting an I-20 for them.)*

Please provide the following information for each dependent you are requesting an I-20 for.

REMINDER: Proof of relationship is required. Please bring the appropriate documents such as marriage certificate, birth certificate, etc. as needed to properly establish your relationship to the dependent listed.

Name (Last, First Middle)	Date of Birth	Country of Birth	Country of Citizenship	Relationship

*** Asterisk indicates that new financial documentation is required if the current financial documents OISS has on file are more than 6 months old.**

PLEASE COMPLETE PAGE 2 OF THIS FORM

IDENTIFICATION INFORMATION

Last Name:		First & Middle Name:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Current Visa Type:	
SEVIS ID:		WSU ID:	
Country of Birth:		Country of Citizenship:	

CONTACT INFORMATION

Home Phone:	Cell Phone:	Work Phone:
WSU Email:		Personal Email:

CURRENT PROGRAM INFORMATION

Current Degree Program:	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm.D. <input type="checkbox"/> Other – Please Specify: _____		
Major:	Department:		
Program Start Date:	Program End Date:		

U.S. ADDRESS (If not a commuting Canadian)

Address:		
City:	State:	Zip:

FOREIGN ADDRESS

Address:			
City:	Province:	Postal Code:	Country:

FINANCIAL RESOURCES (If required. Marked by Asterisks on Page 1)
Please attach copies of appropriate documentation.

<input type="checkbox"/> Student Personal Funds Amount: _____
<input type="checkbox"/> Funds from WSU (Scholarships, Assistantships, etc.) Amount: _____ Source: _____
<input type="checkbox"/> Funds from other sources (Specify source) Amount: _____ Source: _____
<input type="checkbox"/> On Campus Employment: Amount: _____ Employer: _____
<input type="checkbox"/> I will pick up the I-20
Student's Signature: _____ Date: _____

OISS STAFF ONLY

Application Reviewed By: _____ Date: _____