



Office of International Education
 1600 Burrstone Road, White Hall 120
 Utica, NY 13502-4892
 Phone: (315)792-3082/ Fax (315) 792-3061
 Email: internationaled@utica.edu

DOCUMENT REQUEST FORM

SECTION A: General Information				
LAST (FAMILY) NAME in Passport		FIRST NAME in Passport		UC ID#
Current U.S. Phone Number			Campus Email Address* @utica.edu	
Local Address	Address line 1			
	Address line 2, if any			
	City			
	Postal code			

*OIE sends all official communications, including important information about your immigration status, to your official @utica.edu email address which the University automatically forwards to the preferred email address listed in [Bannerweb](#). It is important that you maintain your utica.edu address and check it regularly.

SECTION B: Academic Information	
EDUCATIONAL LEVEL <input type="checkbox"/> IELP <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
Major 1:	Major 2:

SECTION C: Please Indicate Document(s) Needed:	
General Requests:	
<input type="checkbox"/> Approval for Reduced Course Load <input type="checkbox"/> Social Security Office Letter <input type="checkbox"/> Department of Motor Vehicles Letter <input type="checkbox"/> Travel Signature on I-20/DS-2019 <input type="checkbox"/> Good Standing Enrollment Letter <input type="checkbox"/> Change of Education level (Bachelors to Masters) <input type="checkbox"/> Other (please list): _____	
F-1 Students Only: <input type="checkbox"/> New I-20 (Complete Part D on back) <input type="checkbox"/> Curricular Practical Training (CPT) Authorization <input type="checkbox"/> Optional Practical Training (OPT) Recommendation <input type="checkbox"/> Economic Hardship (Please meet with OIE Advisor)	J-1 Students Only: <input type="checkbox"/> New DS-2019 (Complete Part D on back) <input type="checkbox"/> On-Campus Work Authorization <input type="checkbox"/> Academic Training

A staff member in the Office of International Education will complete this request in 3-4 business days and email you at the address listed above when complete.

I hereby authorize the release of any information necessary for this request.

Signature: _____ Date: _____

If all supporting information is accurate, documents will normally be prepared in 3-4 business days.

COMPLETE REQUIRED SECTIONS BELOW ONLY IF YOU HAVE REQUESTED A NEW I-20/DS-2019

SECTION D: Reason for Requesting New I-20/DS-2019	
<input type="checkbox"/>	Extension of program* (Complete Part E and submit Advisor's Recommendation Form)
<input type="checkbox"/>	Re-entry to US after absence of more than 5 months: Expected date of re-entry: ____/____/____ (Complete Part E)
<input type="checkbox"/>	Replacement: Reason for Replacement: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged
<input type="checkbox"/>	Addition of dependents (spouse/children): Expected date of entry to U.S.: ____/____/____ (Complete Parts E & F)
<input type="checkbox"/>	Change of status: From (status): ____ to (status): ____ (Complete Part E)
<input type="checkbox"/>	Transfer back/return to UC from another school: Expected start date at UC: ____/____/____ (Complete Part E ; in addition, email internationaleled@utica.edu about your transfer)
<input type="checkbox"/>	Change in: <input type="checkbox"/> Major <input type="checkbox"/> Legal name <input type="checkbox"/> Citizenship <input type="checkbox"/> Source of funding (Please complete Part E)
<input type="checkbox"/>	Dependent information (Please complete Part E) <input type="checkbox"/> Education Level

SECTION E: Financial Information		
Submit financial documents less than 6 months old to verify funds for the next academic year or length of program, if shorter. The amount of funding required varies by program. Please see an advisor if unsure how much funding is needed.		
Source of Funds (Check all that apply)		
<input type="checkbox"/>	Personal Funds	\$ _____
<input type="checkbox"/>	Family/Third Party Funds	\$ _____
<input type="checkbox"/>	Utica College	\$ _____
<input type="checkbox"/>	Employer Name of Department/Unit _____	\$ _____
<input type="checkbox"/>	Student's Government Name of Sponsoring Agency _____	\$ _____
<input type="checkbox"/>	Other Name of Sponsor _____	\$ _____
<input type="checkbox"/>	Other Name of Sponsor _____	\$ _____

** If you have funding other than personal funds, please have the person providing the funding submit a signed Certificate of Finances form and provide the funding documents as described above or supply a financial guarantee letter from your financial sponsor.*

SECTION F: Dependent Information	
If your dependents (spouse and/or unmarried children under 21 years old) will come to the U.S. in F-2 or J-2 status, you must provide evidence of sufficient financial support prior to the issuance of Form I-20/Form DS-2019 (\$6,000 per academic year for each dependent). Please submit copies of dependents' passport ID pages.	

	Spouse	Child 1	Child 2	Child 3
Family Name from passport				
First Name from passport				
Middle Name from passport				
Date of Birth (mm/dd/yyyy)				
City and Country of Birth				
Country of Citizenship				
Country of Legal Residence				
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male

