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I-20 REQUEST FORM

Last Name:		_ First Name:(as it appears on passport)			
UCLA ID#:		SEVIS ID#: N_			
Country of Birth:		Country of Citizenship:			
Major:		Date of Birth:	Month	Day	Year
E-Mail:					
REASON FOR I-20	REQUEST				
Change in Fundir	ng (submit completed I-20 Reques	st Form, new proof of fu	unding, and <u>CFS</u> to	dcissf1unit@saone	t.ucla.edu)
	tion Level / New Degree O st Form, new proof of funding, and			new program and m	ust submit
	Extension Employer Updatory of EAD card to <u>OPT@saonet.uc</u>		t in <u>SEVP Portal</u> an	d submit completed	I-20
	ort employment in <u>SEVP Portal</u> an ce from USCIS to <u>OPT@saonet.uc</u>		20 Request Form, E	AD card copy, and	H-1B
Change of Status (submit completed I-20 dcissf1unit@saonet.ud	Current visa status: Request Form, new proof of fund cla.edu)	. F-1 st ing, and <u>CFS</u> , and cop	tatus starting te	rm: aphical page to	
(must provide your ove	ve of Absence / Readmissi erseas address below and submit of page to <u>dcissf1unit@saonet.ucla.e</u> ss:	completed I-20 Reques			
(Street Address)					
(Street Address)					
(City)	(Pro	ovince/Country)		(Postal	Code)
Other:					
SHIPPING					
Completed F-1 D your address)	ocument Shipping Reques	t Form (only required	d if you would like a	paper-format I-20 s	hipped to
OR DCISS USE ONLY		DATE:			
	Holds Current E	nrollment 🗌 P	ast Enrollment	E Funding	