CASE WESTERN RESERVE UNIVERSITY — EST. 1826

<u>REQUEST FOR NEW</u> ☐ I-20 OR ☐ DS-2019

Student Name_____ Date of Birth_____ Gender ☐Male ☐Female
      Family name   First name (Given Name)   (Month/Day/Year)

SEVIS ID# N_____Current Document Expiration Date_____ Email_____
                         (Month/Day/Year)

Purpose of the request:

☐ Extension- Indicate anticipated graduation date _____

☐ Add Dependent(s) - Include information below.

☐ Change of Program (i.e. change of major from BME to EECS) _____

☐ Financial Update _____

☐ Reprint for (choose only one) ☐ Travel ☐ Replace a lost document

☐ Other _____

Date of Most Recent Arrival to U.S._____ Admission (I-94) #_____
                (Month/Day/Year)

Country of Birth_____Country of Citizenship_____

Are you planning to travel outside of the U.S.? ☐Yes ☐No   If Yes, what is your expected date of travel? _____
                         (Month/Day/Year)

Do you have any dependents in the US? Dependents are a spouse and/or minor children in F-2 visa status. ☐Yes ☐No

If Yes, please include your dependents' information below, exactly as it's listed in their passports. Complete an additional form if you have more than 5 dependents

(Family Name , First (Given) Name	Date of Birth (Month/Day/Year)	Country of Birth & Country of Citizenship	Relationship to Student

Department of Study_____ Degree Sought_____ Expected Graduation Date_____
                                 (Month/Day/Year)

Number of credit hours enrolled this semester _____   Number of credit hours you will take NEXT semester _____

Source of support (check all that apply): ☐Family/Self ☐Case ☐ Government ☐Employer

Note: Departmentally funded students must submit a new letter from your department indicating your funding for one year of study (tuition + stipend). Personally/Family funded students must submit a current bank statement.
      Total Funding = tuition + living expenses + dependent expenses Dependent expenses: **Spouse $6,000   Child $4,000**

Current Address _____

           _____

Overseas Address_____

           _____

I certify that the information on this request form is complete and accurate.

Signature _____ Date_____