

DOCUMENT REQUEST FORM FOR F-1 STUDENTS
Name: _____
(Please print) Last First Middle
Student ID: _____ **Phone:** _____ **Email:** _____

Date of Birth: ____/____/____ **Gender:** Male Female **Major:** _____
mm dd yyyy
Country of Citizenship: _____ **Country of Birth:** _____

- ▶ Submit this form & required documents (see below) to: University of Arizona, Office of International Student Programs & Services, 915 N. Tyndall Avenue, Tucson, Arizona 85721. Phone (520) 621-4627 | Fax (520) 621-4069.
- ▶ Normal processing time (# of business days) for each request is listed below. Note that ISPS cannot expedite requests.
- ▶ If you would like your documents mailed to you, complete mailing information on page 2 (shipping fee required).

✓	Type of Request	Please submit the following documents to ISPS:	Processing Time (bus. days)
<input type="checkbox"/>	Change of Education Level	Financial Guarantee Form (attach funding documents), Admissions letter	10
<input type="checkbox"/>	Change of Major	Current I-20, Department acceptance letter (graduate students only)	10
<input type="checkbox"/>	Change of Status/Visa Type	Copy of current passport, visa, and I-94 card, Financial Guarantee Form (attach funding documents), Admissions letter (or letter from dept. if currently enrolled), Home country address and US address (see page 2)	10
<input type="checkbox"/>	Curricular Practical Training	See CPT Packet for details – Visit http://internationalstudents.arizona.edu (Click on “Forms” link)	10
<input type="checkbox"/>	Dependent Document	Current I-20, Financial Guarantee Form (attach funding documents), Copy of dependent’s passport, Fill out Dependent information (see page 2)	10
<input type="checkbox"/>	Initial I-20	All current and previously issued UA I-20s, Financial Guarantee Form (attach funding documents), Letter from dept. with projected degree completion date, Fill out home country address (see page 2 of this form)	10
<input type="checkbox"/>	ITIN Letter	Form W-7, Form W-8BEN (if from tax-treaty country), Copy of scholarship letter; Copy of passport, visa stamp, I-94 card, & current I-20	3
<input type="checkbox"/>	Letter of Enrollment	Just this form	3
<input type="checkbox"/>	Letter of Invitation	Fill out Letter of Invitation supplemental information (see page 2 of form)	3
<input type="checkbox"/>	Optional Practical Training	See OPT Packet for details – Visit http://internationalstudents.arizona.edu (Click on “Forms” link)	10
<input type="checkbox"/>	Program Extension	Current and all previously issued UA I-20s, Financial Guarantee Form (attach funding documents), Letter from academic advisor (must be on dept. letterhead and include expected degree completion date and explanation for why extension is needed)	10
<input type="checkbox"/>	Reinstatement	See Reinstatement Packet from ISPS advisor	10
<input type="checkbox"/>	Replacement I-20	Personal statement explaining circumstances in which I-20 was lost, stolen, or damaged	10
<input type="checkbox"/>	Social Security Letter	Copy of front/back of I-94 card, Letter from employer in specified format (see <i>GISAL/UA Employer SSN Letter</i> form, print on dept. letterhead)	5
<input type="checkbox"/>	Travel Signature	Current I-20, Unofficial Pima transcripts (if you have taken a Pima class previously)	3
<input type="checkbox"/>	Other (please specify):		

(FOR OFFICE USE ONLY)

Date Received: _____ Date Prepped: _____ Date Completed: _____ Date Emailed: _____
By: _____ By: _____ By: _____ By: _____

Notes:

Mailing Information:

If you would like your documents mailed to you, please provide the following mailing information. *Note that you will be charged the cost of shipping.*

Street	P.O. Box (if applicable)		
City	State/Province	Zip/Postal Code	Country
Select which FedEx service you prefer Domestic: ___ Overnight ___ 2 nd Business Day ___ 3 rd Business Day International: ___ Int'l Priority ___ Int'l First Class ___ Int'l Economy			
Credit Card #: _____ - _____ - _____		Expiration Date: ____/____/____ mm yyyy	
Telephone #: (____) _____ - _____ (Required for Delivery)			

Supplemental Information Required for Dependent Document or Letter of Invitation:

(For each individual, please fill in each column with the following information. Please print.)

First Name			
Middle Name			
Family Name			
Date of Birth (mm/dd/yyyy)			
Country of Citizenship			
Country of Birth			
Relationship to You			

Information Required for Initial I-20s or Change of Status/Visa Requests:

Home Country

Address: _____
 (No P.O. Box) Street (print) City State/Province Zip/Postal Code Country

United States

Address: _____
 (No P.O. Box) Street (print) City State Zip/Postal Code

Additional Comments:
