



UNIVERSITY OF  
**TEXAS**  
ARLINGTON

OFFICE OF  
INTERNATIONAL  
EDUCATION

• 817-272-2355 (phone) • 817-272-5005 (fax) • Box 19028 • [www.uta.edu/oie](http://www.uta.edu/oie) •

## Request for New or Revised I-20

Biographical Data:			
Family Name:	First & Middle Name:		UTA Student ID:
UTA E-mail:		Date of Birth:	
Reason for Request:			
<input type="checkbox"/> <b>Program Extension.</b> <i>(Please apply at least 30 days before the expiration date of current I-20.)</i> I have attached: <input type="checkbox"/> Academic Advisor Recommendation form <input type="checkbox"/> New Financial Documents			
<input type="checkbox"/> <b>Change of Degree Level.</b> <i>(You must receive new I-20 no later than 15 days from the start of classes at new Level)</i> I have attached: <input type="checkbox"/> New Financial Documents			
<input type="checkbox"/> <b>Change of Major.</b> <i>(Apply after departmental approval.)</i> Old Major: _____ New Major: _____ Double Major/Minor (if any): _____			
<input type="checkbox"/> <b>Change of Funding.</b> <i>(Attach new financial documents, including sponsor letter, if applicable)</i>			
<input type="checkbox"/> <b>Reprint of I-20.</b> Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Employment Update			
<input type="checkbox"/> <b>Re-Entry.</b> Reason: <input type="checkbox"/> Return after Leave of Absence <input type="checkbox"/> Correct Status <input type="checkbox"/> Travel to Change Status I am returning for the term: <input type="checkbox"/> Fall _____ (year) <input type="checkbox"/> Spring _____ (year) <input type="checkbox"/> Summer _____ (year)			
I have attached: <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Itinerary/ Ticket			
<input type="checkbox"/> <b>Other:</b> _____			
Only Required for Re-Entry and Travel Change Status			
U.S. Physical Address: _____		Permanent Foreign Address: _____	
City: _____		City: _____	
State: _____		Province: _____	
Zip Code: _____		Postal Code: _____	
Phone Number: _____		Country: _____	
Country of Citizenship:		Immigration Status:	
Current Degree Level:	Current Major:		Expected Graduation (Semester/Year):
Passport Expiration:	Visa Expiration:	Do you have F-2 Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If traveling outside the U.S.: Departure Date: _____ Return Date: _____ Destination: _____

**I have fully completed the above information and understand the regulations regarding this process:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_