

# ACCHS F-1 DOCUMENT REQUEST FORM

## I. General Information

1. Visa Type: \_\_\_\_\_
2. Family (Last) Name in Passport: \_\_\_\_\_
3. Given (First) Name in Passport: \_\_\_\_\_
4. Middle Name in Passport: \_\_\_\_\_ 5. Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Gender: \_\_ Male \_\_ Female 7. City and Country of Birth: \_\_\_\_\_
8. Country of Citizenship: \_\_\_\_\_
9. Current U.S. phone number: \_\_\_\_\_ 10. E-mail address: \_\_\_\_\_

## II. Academic Information

11. Educational Level: \_\_\_\_1<sup>st</sup> Year \_\_\_\_2<sup>nd</sup> Year \_\_\_\_3<sup>rd</sup> Year
12. Date you started your current program at ACCHS (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
13. Date you plan to complete your program at ACCHS (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

## III. PLEASE INDICATE DOCUMENT(S) NEEDED:

- \_\_\_\_ **Signature** on I-20 for travel: Date you plan to **return** to the US (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
- NOTE:** If you are applying for a **new visa**, you **MUST** request a new I-20.
- \_\_\_\_ **On-campus Employment** Eligibility Certification
- \_\_\_\_ Approval for **Less Than Full-Time Enrollment**
- \_\_\_\_ Approval for **Concurrent Enrollment** (must attach proof of enrollment at the other institution)
- \_\_\_\_ Certification of **Enrollment**

## MUST FILL OUT BACK SIDE FOR:

- \_\_\_\_ **New I-20** (include funding documents)
- \_\_\_\_ **Curricular Practical Training (CPT)** Authorization
- \_\_\_\_ **Optional Practical Training(OPT)** Recommendation
- \_\_\_\_ Other Off-Campus Work Authorization
- \_\_\_\_ Other: \_\_\_\_\_

**If all supporting information is accurate, documents will normally be prepared in 5-7 working days. I understand that I must pick up the documents myself. I hereby authorize the release of any information necessary for this request.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMPLETE THIS PAGE IF YOU ARE ASKING FOR A NEW I-20, CPT, OR OPT**

**IV. REASON FOR REQUESTING NEW I-20 (Attach financial documents)**

- Replacement** due to loss, damage, or theft of previous I-20
- Extension** of program: attach Recommendation from Program Administrator or Student Request Form
- Renewing** or applying for a new F-1 (Expected date of re-entry: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Dependents** (spouse/children) to enter the U.S. (Expected date of entry: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Out of status:**  Reinstatement  Re-enter US as Initial Attendance (Expected date of re-entry: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Change of status:** From (visa type): \_\_\_\_ To (visa type): \_\_\_\_
- Re-entry** to US after absence of more than **5 months** (Expected date of re-entry: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Transfer** back to ACCHS from another school (Expected start date at ACCHS: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Off-campus work authorization** (not necessary to submit financial documents):
  - Curricular Practical Training  Optional Practical Training  Academic Training
  - Severe Economic Hardship  Special Student Relief  International Organization

**V. Financial Information**

14. Source of funds (in U.S. dollar amounts):  
**Submit original financial documents less than 12 months old to verify funds for the next 9 months (approximately \$20,000 and \$3,000 for each dependent), except if applying for off-campus work authorization.**

**VI. Immigration Information**

15. Passport Number: \_\_\_\_\_ 16. Passport Issuing Country: \_\_\_\_\_
17. Passport Expiration Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ 18. Visa Number: \_\_\_\_\_
19. Post/Country of Visa Issuance: \_\_\_\_\_
20. Visa Expiration Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ 21. I-94 Admission Number: \_\_\_\_\_
22. Port of Entry on I-94: \_\_\_\_\_ 23. Arrival Date on I-94 (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
24. Expiration Date of Current I-20 (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
25. Is the current I-20 issued by ACCHS?  Yes  No: By \_\_\_\_\_

**VII. Dependent Information – For dependents on F-2 or J-2 visa only; attach additional sheets if necessary**  
**Dependent 1**

26. Family (Last) Name in Passport: \_\_\_\_\_
27. Given (First) Name in Passport: \_\_\_\_\_
28. Middle Name in Passport: \_\_\_\_\_ 29. Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
30. City and Country of Birth: \_\_\_\_\_
31. Country of Citizenship: \_\_\_\_\_
32. Country of Permanent Residence: \_\_\_\_\_
33. Gender:  Male  Female 39. Relationship:  Spouse  Child (must be 21 years old or younger)

**VIII. Advisor, PDSO, DSO endorsement**

Name: \_\_\_\_\_ Endorsement Signature: \_\_\_\_\_ Date: \_\_\_\_\_