



New I-20 Request Form

Student to complete:

Student Name: _____
Family Name First Name MI

Date of Birth: _____ Phone#: _____ Email: _____@go.pasadena.edu
mm/dd/yyyy

PCC ID#: _____ SEVIS ID#: **NOO** _____
(last 8 digits)

Major: _____ First semester at PCC: _____ Expected Graduation: _____
semester/year semester/year

Program End Date on I-20: _____ Passport Expiration Date: _____ Visa Expiration Date: _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Reason for requesting a new I-20 (select one):

- Replacement of I-20 (Check one):
 - Lost Stolen Damaged Legal Name Change (submit a copy of new passport)
 - Other: _____
- Extension of Program (Submit the following): New Program End Date: _____ mm/dd/yyyy
 - Copy of new Educational Plan (from Academic Counselor)
 - I-20 Extension Recommendation Form (signed by Academic Counselor)
 - Proof of financial support (original bank statement and sponsor affidavit form)
- Change of Major to _____ (Submit the following):
 - Copy of New Educational Plan (from Academic Counselor)
- Adding Dependents to I-20 (Submit the following):
 - Dependents' copy of passport, visa, and a copy of I-94 Record (obtain at cbp.gov/i94) (if applicable)
 - For each dependent, you must provide additional proof of financial support. ISC has estimated the cost for spouse to be \$5000 and for one child to be \$3000. All financial document must be submitted in English.
- Regain Legal Status (check one):
 - Reenter the U.S. with an initial I-20 (submit the following): Date returning to the U.S.: _____ mm/dd/yyyy
 - Only those with a GPA of 2.0 or higher and no other violations will be considered
 - Copy of new Educational Plan (from Academic Counselor)
 - Proof of financial support (original bank statement and sponsor affidavit form)
 - Reinstatement within the U.S. (Attach documents detailed in the "Reinstatement Checklist")
 - Copy of new Educational Plan (from Academic Counselor)
 - Proof of financial support (original bank statement and sponsor affidavit form)
 - Letter of explanation
 - All documents in step 3 of the Reinstatement Checklist

I have read and understood the information above and my responsibilities. I state that the information I provided on this form is true.

Student Signature _____ mm/dd/yyyy

ISC staff to complete:

Unit # _____ SEVIS SARS Request log **Reinstatement only:** Recommendation letter Email student

Initial: _____ Date: _____