

SEVIS I-20AB REQUEST FORM

Name _____ Date of Birth _____
(Last) (First) (Month/Day/Year)

SEVIS ID Number _____ University ID Number _____

Major _____

Source of Income: Personal Funds of the Student \$ _____
Family Funds from Abroad \$ _____
Funds from this School \$ _____
(Specify type and amount) _____
Funds from Another Source \$ _____
(Specify type and amount) _____

Passport Expiration Date _____ Visa Expiration Date _____

Home Country Address _____

Country of Citizenship _____

You are requiring a new SEVIS I-20AB for:

- Adding Dependent(s) to SEVIS I-20AB
- Change in Funding
- Change of Level
- Change of Major
- Extension of Stay (Please fill out the back of this form)
- Renewal of Visa

If this SEVIS I-20AB is being used for adding dependent(s) for entry into the U.S., please complete below:

Name of Spouse _____	Date of Birth _____	Male	Female
Name of Children _____	Date of Birth _____	Male	Female
_____	Date of Birth _____	Male	Female
_____	Date of Birth _____	Male	Female

Signature _____ Date _____

Current Address: _____
(Street)

(City) (Zip Code)

(Phone Number)

(E-mail Address)



REQUEST FOR EXTENSION OF PROGRAM OF SEVIS I-20AB

This completed form, along with the student’s SEVIS I-20, should be submitted by the STUDENT to the Office of International Affairs.

This form is used to request a new SEVIS I-20AB for F-1 students. A new SEVIS I-20AB is necessary if the student is extending his/her program to a later date than the program end date listed on their current SEVIS I-20AB.

PART A: Student information (please type or print clearly)

Name: _____

CLID: _____ Major: _____

Student signature: _____ Date: _____

PART B: Departmental Information (please type or print clearly) – This section MUST be filled out by the **Department**. *Any missing information will result in a delay of processing.*

Name of Department: _____

Department Address: _____

E-Mail _____ Phone _____

PROGRAM INFORMATION

- Circumstances which necessitate extension (please check all that apply):
 - Change of major from _____ to _____.
 - Change of research topics
 - Unexpected research problems
 - Other (please give brief explanation) _____

2. New projected completion date: _____ or Degree-Only date: _____
MM/DD/YYYY MM/DD/YYYY

Please note: Program extensions cannot be granted for the purpose of obtaining employment or Curriculum Practical Training (CPT) alone. There must be “compelling academic reasons” (8 C.F.R. 214.2 (f) (7) (iii)) and requirements for an extension of program.

By signing this form, I certify that to the best of my knowledge, information on this form has been reviewed and provided by the department.

Department Head Name
(Please print or type clearly)

Department Head Signature

Date

****You may fax the form to (337) 482-6820 or scan and e-mail it to uia@louisiana.edu.**