

I-20 REQUEST

International Student and Scholar Services - The University Of Kansas

Bring completed form to ISSS, Room 2 Strong Hall, during walk-in hours: 1:30-4:00pm Monday – Friday.

BIOGRAPHICAL INFORMATION

Name Exactly as in Passport _____
Surname/family name Given name(s)

KUID# _____ Phone Number _____
Number Specify type

Mailing Address (only if requesting I-20 to be mailed)

Street Address

City State/Province Postal Code Country

Spouse and/or minor children accompanying you in the U.S.

Surname Given name Middle name Date of Birth Country of Birth Relationship to you

1. _____
2. _____
3. _____

I-20 REQUESTED FOR

1. **Duplicate** of previously issued I-20. There is a \$5.00 charge. No need to complete "Financial Support" section on the reverse side.
2. **Add Dependent(s)**
3. **Financial Update**
4. **Reinstatement**
5. **Travel and Re-entry** to gain a new status. Date you expect to return to U.S. _____
6. **Change of Status** from _____ to F-1 status.
Start date for I-20 _____
Permanent overseas address if not in Enroll & Pay (PeopleSoft SAKU)

Street Address

City Province or State Postal Code Country

Student's Signature _____ Date _____

Form continued on back 

\$ FINANCIAL SUPPORT \$

Student needs to show proof of finances for upcoming year or until end of program, whichever is shorter.

Personal Funds: (attach proof: bank statement or letter, etc.)

The University of Kansas:

MUST be signed below by appropriate department if receiving funds from KU

Academic Year Contracted Position: GTA GRA Lecturer

Department/School Employed by: _____

FTE%: 50% 40% 30% 25% 20% Other _____

Term(s): Fall 20 ____ Spring 20 ____

Total Salary for period of appointment indicated above: \$ _____

Tuition/Fee benefits in addition to salary (can check more than one):

Tuition: Student gets Full Tuition Paid (pays no tuition) or Student pays own tuition at In-State Rate

Fees: Student gets All Fees Paid or Student gets Partial Fees Paid (specify) _____

Other _____

Likely Renewable? Yes No

Summer Contracted Position: GTA GRA Lecturer

Department/School Employed by: _____

FTE%: 100% 50% Other _____

Term: Summer 20 ____

Total Salary for entire summer period: \$ _____

Tuition/Fee benefits in addition to salary (can check more than one):

Tuition: Student gets Full Tuition Paid (pays no tuition) or Student pays own tuition at In-State Rate

Fees: Student gets All Fees Paid or Student gets Partial Fees Paid (specify) _____

Other _____

Likely Renewable? Yes No

Scholarship Amount \$ _____ Funds provided by: _____ (dept./school)

Other _____ Amount \$ _____

Signature of Dept _____ **Name** _____ **Phone** _____

Other, including Family Funds (must attach proof): Amount \$ _____ Source _____