



The State University of New York Maritime College

I-20 REQUEST FORM

What is the purpose of your request?

- Replace your lost or stolen document**
- Extend your program of study** – Attach Academic Advisor’s Recommendation Form
- Change program of study** – Change must be logged by Registrar’s Office
- Change of program level (i.e. Bachelor’s to Master’s)** – Attach copy of admission letter
- Update your financial information (i.e. change in source of funding)** – Attach financial documentation
- Send for dependent spouse and/or child(ren)** – Complete reverse side of form**

Please bring the appropriate documentation along with this form to the International Student Services Office that is required for your specific purpose

Last Name: _____ First Name: _____

Student ID #: _____ SEVIS ID #: _____

Date of Birth: ____/____/____ Country of Birth: _____

Country of Citizenship: _____

Current U.S. Address:

Permanent Address in Home Country:

_____	_____
_____	_____
_____	_____
_____	_____

Phone Number: _____ - _____ - _____

E-mail Address: _____

Major field of study: _____

(If you have changed your program of study please indicate your new major).

Level of study (circle one): Bachelor’s Master’s

Expected graduation date: ____/____/____

****Dependent Name Relationship Sex Birth date Birth Country Citizenship**
LAST, First Spouse/Child M/F Month Day Year

Please attach the appropriate financial documents for your dependents.

Signature of student: _____ Date: ____/____/____