

# INTERNATIONAL STUDENT **I-20 REQUEST**

OFFICE OF UNIVERSITY ADMISSIONS  
One South Avenue • P.O. Box 701 • Garden City, NY 11530-0701 • USA  
**516.877.3050** • Fax: **516.877.3039** • **adelphi.edu**

Please type or print clearly (without white-out or cross-outs). For reasons of privacy, security and fraud prevention, the Form I-20 "Certificate of Eligibility" is issued directly by the designated school official (DSO), located in International Services, to the individual nonimmigrant student and eligible dependents.

## REQUEST TERM

Start Semester:  Fall  Spring  Summer Start Year: \_\_\_\_\_

## FORM TYPE

Please select the specific I-20 type you are requesting.

Initial I-20

Select this option if you are currently outside the United States not in valid F-1 status, and intend to file for an F-1 visa to enter the United States to enroll at Adelphi University.

Transfer I-20

Select this option if you are currently in valid F-1 status studying at a U.S. school.

Change of Educational Level I-20

Select this option if you are currently in valid F-1 status at Adelphi University completing your current academic program and planning to begin a new academic program in the next available semester.

Change of Status I-20

Select this option if you are currently in the United States in valid status and intend to file for a change of status with United States Citizenship and Immigration Services (USCIS).

Reinstatement I-20

Select this option if you are currently in the United States following an F-1 status violation within five months and intend to file for a reinstatement petition with USCIS.

## PASSPORT INFORMATION

Please indicate your name specifically as it appears on your passport, and attach a copy of your valid passport ID page.

Surname(s)/Last/Family Name(s): \_\_\_\_\_

First Names(s)/Given Name(s): \_\_\_\_\_

Preferred Name (if any): \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender:

Male

Female

Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_

## FOREIGN ADDRESS

This address is your permanent home address in your country of residence and will be used in your SEVIS record.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Personal Email: \_\_\_\_\_

## LOCAL U.S. ADDRESS

This address is mandatory for all transfer, change of educational level, change of status and reinstatement I-20 requests.

House/Building Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## DEPENDENTS: LEGAL SPOUSE/MINOR CHILD

**Do you intend to bring your legal spouse or minor child to accompany you in the United States throughout your academic program?**

YES  NO

If yes, please complete the additional Dependent I-20 Request Form and submit to International Services with all required details.

## FORM I-20 RETRIEVAL INFORMATION

As a result of COVID-19, all Form I-20s issued by Adelphi University will be digitally signed by the designated school official (DSO) and electronically provided to students at the email address listed in SEVIS.

Students will be notified through their official University email address and provided instructions on how to log into the International Services Portal and download the most updated Form I-20. Form I-20s issued electronically or with electronic signatures—as permitted during the COVID-19 emergency—will remain valid until students have a need for an updated Form I-20.

The Student and Exchange Visitor Program (SEVP) has coordinated with both the U.S. Department of State and U.S. Customs and Border Protection (CBP) regarding this policy and it is subject to change based on SEVP updated guidance.

## APPLICANT SIGNATURE

By signing this request, I certify that the included information is accurate and truthful to the best of my ability.

Student Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

Parent or legal guardian if applicant is under 18: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_