

**ALL FIELDS REQUIRED**

UCF ID: _____ SEVIS Number: NO _____

Last Name: _____ First Name: _____

Date of Birth (*MM/DD/YYYY*): _____ Legal Sex: ☐ M ☐ F ☐ Other

Country of Birth: _____ Country of Citizenship: _____

Local U.S. Address

Street: _____

City: _____ State: _____ Zip: _____

Non-U.S. Address

Street: _____

City: _____

State/Province: _____ Zip: _____ Country: _____

Knights Email: _____

Personal Email: _____ Telephone Number: _____

IMMIGRATION DOCUMENTATION

Provide copies of the following documents:

☐ Passport ☐ Visa ☐ All Previous I-20s ☐ I-94: _____Any other relevant immigration documents (*specify*): _____**I AM REQUESTING:**☐ **Change of Major:**

Additional required documentation: New major/program must be reflected in the university system

Previous Major: _____

New Major: _____

☐ **Change of Degree Level**

Additional required documentation: Copy of admission letter; Certification of Finances Form with supporting financial documentation

Current degree level: ☐ ELI ☐ GAA ☐ GAA Prep ☐ GAA-UI ☐ Bachelor's ☐ Master's ☐ PhD

Current Major: _____

New degree level: ☐ ELI ☐ GAA ☐ GAA Prep ☐ GAA-UI ☐ Bachelor's ☐ Master's ☐ PhD

New Major: _____

Semester you will begin your new program:

☐ Fall ☐ Spring ☐ Summer A ☐ Summer B ☐ Summer C ☐ Summer D Year: _____

☐ **Program Extension**

Additional required documentation: Letter from your academic advisor specifying new program completion date and reason the extension is needed; Certification of Finances Form with supporting financial documentation

Semester you intend to graduate: _____

☐ **Add dependent(s) to I-20**

Additional required documentation: Certification of Finances Form with supporting financial documentation; Copy of marriage certificate if adding spouse (*must provide certified translation if not in English*); copy of dependent's passport; Complete page 3 of this form

☐ **Reinstatement**

Refer to the Checklist for Reinstatement at:
<https://www.international.ucf.edu/formsandfiles/8381>

☐ **Change of Status from:** _____ **to:** _____

Meet with a UCF Global Immigration Advisor for the documentation needed specific to your change of status.

☐ **Return to U.S. after a leave of absence of less than 5 months if SEVIS record was terminated for "Authorized Early Withdrawal"**

Additional required documentation: Copy of return flight itinerary. (*Return flight can be as early as 30 days prior to first day of classes.*) Submit this form at least 60 days prior to the first day of classes.

☐ **Return to U.S. after absence greater than 5 months**

Additional required documentation: Certification of Finances Form with supporting financial documentation; Copy of Passport.

☐ **Other*:** _____

* Additional documentation may be required after review by a UCF Global Immigration Advisor.

I-20 DELIVERY OPTIONS

Select one:

☐ **In-person pick-up**

☐ **Express mail* (*Please submit a prepaid FedEx or DHL label*)**

*Students returning from an absence greater than 5 months and GAA program students progressing to their Bachelor's program do not need to submit a label.

STUDENT AGREEMENT

I authorize UCF Global to access my I-94 Arrival and Departure Record (**accessible through U.S. Customs and Border Protection website**) for immigration and on-campus employment purposes.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

☐ **Approved** ☐ **Denied** Immigration Advisor: _____ Date: _____

Notes: _____

DEPENDENT INFORMATION

Please list all dependents who will be accompanying you to live in the U.S. during your studies. Only your legal spouse and dependent unmarried children under the age of 21 can be claimed as dependents. Refer to the Certification of Finances Form for the financial requirement for each dependent. A copy of each passport must also be submitted to UCF Global for issuance of the dependent I-20.

Write names as they appear in passport. Please print

	Dependent 1	Dependent 2
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Family Name		
First Name (Given)		
Middle Name		
Date of Birth (MM/DD/YYYY)		
Legal Sex		
Country of Birth		
Country of Citizenship		
Street Address		
City & Postal Code		
Province/Territory		
Country		

	Dependent 3	Dependent 4
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Family Name		
First Name (Given)		
Middle Name		
Date of Birth (MM/DD/YYYY)		
Legal Sex		
Country of Birth		
Country of Citizenship		
Street Address		
City & Postal Code		
Province/Territory		
Country		