

SECTION ONE: STUDENT INFORMATION	
TODAY'S DATE [MM/DD/YYYY]:	UCI STUDENT ID #:
LAST NAME:	FIRST NAME:
DATE OF BIRTH [MM/DD/YYYY]:	SEVIS NUMBER: N
TELEPHONE:	EMAIL:
LOCAL ADDRESS STREET ADDRESS:	HOME COUNTRY ADDRESS STREET ADDRESS:
CITY:	CITY: PROVINCE:
STATE: ZIP CODE:	COUNTRY: POSTAL CODE:

SECTION TWO: REASON FOR REQUEST (SELECT ALL THAT APPLY)	
<input type="checkbox"/> ACADEMIC MAJOR/MINOR CHANGE OR ADDITION <ul style="list-style-type: none"> COPY OF I-94 DOCUMENT 	<input type="checkbox"/> PROGRAM EXTENSION or SHORTEN <ul style="list-style-type: none"> FINANCIAL DOCUMENTS – <i>for extension only</i> (SEE SECTION FOUR) ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE) COPY OF I-94 DOCUMENT
<input type="checkbox"/> CAP-GAP EXTENSION <ul style="list-style-type: none"> COPY OF I-797 RECEIPT OR APPROVAL NOTICE COPY OF FRONT & BACK OF EAD CARD 	<input type="checkbox"/> REPLACEMENT OF I-20 OR DS-2019 (LOST, STOLEN, DAMAGED, OPT, ETC.) <ul style="list-style-type: none"> SPECIFY REASON: _____ COPY OF I-94 DOCUMENT
<input type="checkbox"/> CHANGE OF STATUS <ul style="list-style-type: none"> COMPLETE SECTION THREE OF THIS FORM FINANCIAL DOCUMENTS (SEE SECTION FOUR) ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE) IF YOU HAVE DEPENDENTS, COMPLETE DEPENDENT REQUEST FORM (ON IC WEBSITE) PASSPORT BIOGRAPHICAL INFORMATION PAGE 	<input type="checkbox"/> RETURNING STUDENT (RE-ADMIT OR RETURNING AFTER LEAVE OF ABSENCE) <ul style="list-style-type: none"> FINANCIAL DOCUMENTS (SEE SECTION FOUR) PASSPORT BIOGRAPHICAL INFORMATION PAGE ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE)
<input type="checkbox"/> FINANCIAL INFORMATION CHANGE <ul style="list-style-type: none"> FINANCIAL DOCUMENTS (SEE SECTION FOUR) COPY OF I-94 DOCUMENT 	<input type="checkbox"/> REINSTATEMENT TO F-1 STATUS <ul style="list-style-type: none"> MEET WITH APPOINTMENT WITH INTERNATIONAL STUDENT ADVISOR AND REVIEW REINSTATEMENT INFORMATION SHEET AFTER APPOINTMENT, SELECT ONE: <ul style="list-style-type: none"> <input type="checkbox"/> FILE REINSTATEMENT APPLICATION IN THE U.S. <input type="checkbox"/> TRAVEL OUT OF THE U.S.
<input type="checkbox"/> NAME CHANGE <ul style="list-style-type: none"> PASSPORT BIOGRAPHICAL INFORMATION PAGE COPY OF I-94 DOCUMENT 	<input type="checkbox"/> TRAVEL (TRAVEL SIGNATURE SPACE FULL ON VISA DOCUMENT) <ul style="list-style-type: none"> TRAVEL FORM (ON IC WEBSITE) COPY OF I-94 DOCUMENT

[IF APPLICABLE] SECTION THREE: CHANGE OF STATUS INFORMATION
HOW WILL YOU APPLY FOR YOUR NEW VISA STATUS TO F-1 OR J-1 STUDENT STATUS? [MARK ONLY ONE] <ul style="list-style-type: none"> <input type="checkbox"/> INSIDE THE U.S. BY FILING A CHANGE OF STATUS APPLICATION WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICE (USCIS) <input type="checkbox"/> APPLYING FOR AN F-1 OR J-1 STUDENT VISA IN YOUR HOME COUNTRY <ul style="list-style-type: none"> <i>For more information, review the CHANGE OF STATUS to F-1/J-1 information on the IC website.</i>

[IF APPLICABLE] SECTION FOUR: FUNDING INFORMATION FOR 2016-2017									
LEVEL OF STUDY:	EAP	UNDERGRAD	GRADUATE	MBA	LAW	MPH	MPP	ADV. TO CANDIDACY	PER DEPENDENT
TUITION/FEES:	\$0	\$41,717	\$32,086	\$50,091	\$55,233	\$35,418	\$35,790	\$16,984	\$4,500
LIVING EXPENSES:	ACADEMIC YEAR (9 MONTHS) REQUIRES \$18,000 (\$6,000 PER QUARTER)								
TOTAL:	\$18,000	\$59,717	\$50,086	\$68,091	\$73,233	\$53,418	\$53,790	\$34,984	\$4,500
SOURCE OF FUNDING							AMOUNT (IN US DOLLARS):		
<input type="checkbox"/> SELF/PERSONAL FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH AND U.S. DOLLARS] 							\$: _____		
<input type="checkbox"/> FAMILY/PRIVATE FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH AND U.S. DOLLARS] SIGN AFFIDAVIT OF FINANCIAL SUPPORT BELOW [IF SPONSOR IS OUTSIDE OF THE U.S., OR PROVIDE A LETTER OF SUPPORT FROM SPONSOR] <p style="text-align: center;"><u>AFFIDAVIT OF FINANCIAL SUPPORT</u></p> <p>I have read the information about the amount needed for tuition/fees and living expenses required for the period of my study at UCI. I certify that funds in the amount stated on this form are available and I accept responsibility for these expenses. I have provided a current bank statement that verifies that funds are available.</p> <p>SIGNATURE OF SPONSOR: _____</p> <p>NAME OF SPONSOR: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>							\$: _____		
<input type="checkbox"/> UNIVERSITY OF CALIFORNIA, IRVINE <ul style="list-style-type: none"> DEPARTMENT PROVIDING FUNDS: _____ SCHOOL OF: _____ DEPARTMENT CONTACT NAME & TITLE: _____ <p>I certify that funds are available for the student to cover tuition/fees and/or living expenses in the amount stated.</p> <p>DEPARTMENT SIGNATURE: _____</p> <p>TELEPHONE NUMBER: _____</p>							\$: _____		
<input type="checkbox"/> AGENCY, GOVERNMENT AGENCY, HOME UNIVERSITY <ul style="list-style-type: none"> ATTACH AWARD/FUNDING LETTER NAME OF AGENCY: _____ 							\$: _____		

IMPORTANT REMINDERS
<ul style="list-style-type: none"> YOU MUST ENROLL FULL-TIME EACH QUARTER (12 UNITS) IF YOU ARE ON FILING FEE, OR AUTHORIZED FOR REDUCED COURSE LOAD (LESS THAN 12 UNITS) BECAUSE YOU ARE IN YOUR LAST QUARTER, YOU ARE NOT ELIGIBLE FOR AN EXTENSION OF YOUR I-20/DS-2019. PLEASE CONTACT THE INTERNATIONAL CENTER FOR AN APPOINTMENT WITH A STUDENT ADVISOR. IF YOU ARE EMPLOYED AT UCI YOU MUST PROVIDE A PHOTOCOPY OF YOUR NEW I-20/DS-2019 TO THE HIRING DEPARTMENT FOR UPDATE OF EMPLOYMENT RECORDS.
SIGNATURE
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I AM AWARE THAT I MUST PROVIDE DOCUMENTATION TO SUPPORT THE I-20/DS-2019 REQUEST.
STUDENT SIGNATURE: _____ DATE: _____