

SECTION ONE: STUDENT INFORMATION		
LAST NAME:	FIRST NAME:	
DATE OF BIRTH [MM/DD/YYYY]:	UCI STUDENT ID #:	
TELEPHONE:	UCI EMAIL:	
LOCAL ADDRESS		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

SECTION TWO: REASON FOR REQUEST (SELECT ALL THAT APPLY)	
<input type="checkbox"/> ACADEMIC MAJOR/MINOR CHANGE OR ADDITION <input checked="" type="checkbox"/> COPY OF I-94 DOCUMENT	<input type="checkbox"/> PROGRAM EXTENSION or SHORTEN <input checked="" type="checkbox"/> ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE) <input checked="" type="checkbox"/> COPY OF I-94 DOCUMENT <input checked="" type="checkbox"/> FOR EXTENSIONS ONLY - SEE SECTION FOUR: FUNDING INFORMATION AND SELECT FUNDING SOURCE <input checked="" type="checkbox"/> SUMMER PROGRAM END DATE - MUST SUBMIT A COPY OF SUMMER SESSION COURSE ENROLLMENT <input checked="" type="checkbox"/> FILING FEE (GRADUATE STUDENTS ONLY) – MUST SUBMIT COPY OF FILING FEE PETITION
<input type="checkbox"/> NAME CHANGE <input checked="" type="checkbox"/> PASSPORT BIOGRAPHICAL INFORMATION PAGE <input checked="" type="checkbox"/> COPY OF I-94 DOCUMENT	<input type="checkbox"/> REPLACEMENT OF I-20 OR DS-2019 (LOST, STOLEN, DAMAGED, OPT, TRAVEL, ETC.) <input checked="" type="checkbox"/> SPECIFY REASON: _____ <input checked="" type="checkbox"/> COPY OF I-94 DOCUMENT
<input type="checkbox"/> FINANCIAL INFORMATION CHANGE <input checked="" type="checkbox"/> FUNDING INFORMATION (SEE SECTION FOUR AND SELECT FUNDING SOURCE) <input checked="" type="checkbox"/> COPY OF I-94 DOCUMENT	<input type="checkbox"/> RETURNING STUDENT (RE-ADMIT OR RETURNING AFTER LEAVE OF ABSENCE) <input checked="" type="checkbox"/> FINANCIAL DOCUMENTS (SEE SECTION FOUR: FUNDING INFORMATION AND SELECT FUNDING SOURCE) <input checked="" type="checkbox"/> PASSPORT BIOGRAPHICAL INFORMATION PAGE <input checked="" type="checkbox"/> ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE) <input checked="" type="checkbox"/> RETURNING IN SUMMER – MUST SUBMIT COPY OF SUMMER SESSION COURSE ENROLLMENT
<input type="checkbox"/> CHANGE OF STATUS <input checked="" type="checkbox"/> COMPLETE SECTION THREE OF THIS FORM <input checked="" type="checkbox"/> FUNDING INFORMATION (SEE SECTION FOUR AND SELECT FUNDING SOURCE) <input checked="" type="checkbox"/> ACADEMIC STATUS VERIFICATION FORM (ON IC WEBSITE) <input checked="" type="checkbox"/> IF YOU HAVE DEPENDENTS, COMPLETE DEPENDENT REQUEST FORM (ON IC WEBSITE) <input checked="" type="checkbox"/> PASSPORT BIOGRAPHICAL INFORMATION PAGE	<input type="checkbox"/> REINSTATEMENT TO F-1 STATUS <input checked="" type="checkbox"/> HAD APPOINTMENT WITH INTERNATIONAL STUDENT ADVISOR AFTER APPOINTMENT, SELECT ONE: <input type="checkbox"/> FILE REINSTATEMENT APPLICATION IN THE U.S. <input type="checkbox"/> TRAVEL OUT OF THE U.S.
<input type="checkbox"/> CAP-GAP EXTENSION <input checked="" type="checkbox"/> COPY OF I-797 RECEIPT OR APPROVAL NOTICE <input checked="" type="checkbox"/> COPY OF FRONT & BACK OF EAD CARD	

SECTION THREE: CHANGE OF STATUS INFORMATION [IF APPLICABLE]
HOW WILL YOU APPLY FOR YOUR NEW VISA STATUS TO F-1 OR J-1 STUDENT STATUS? [MARK ONLY ONE] <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"> For more information, review the CHANGE OF STATUS to F-1/J-1 information on the IC website.

SECTION FOUR: FUNDING INFORMATION FOR 2020-2021 [IF APPLICABLE]					
LEVEL OF STUDY:	EAP	UNDERGRADUATE	GRADUATE (STANDARD)	ADVANCED TO CANDIDACY	PER DEPENDENT
TUITION/FEES:	\$0	\$45,426	\$33,033	\$17,931	\$4,500
LIVING EXPENSES:	ACADEMIC YEAR (9 MONTHS) REQUIRES \$21,000 (\$7,000 PER QUARTER)				
TOTAL:	\$21,000	\$66,426	\$54,033	\$38,931	\$4,500

***GRADUATE STUDENTS** - IF YOUR ACADEMIC PROGRAM HAS SPECIFIC FUNDING INFORMATION THAT IS DIFFERENT FROM THE STANDARD, PLEASE VISIT: <http://reg.uci.edu/fees/2020-2021/index.html> OR CONTACT YOUR ACADEMIC DEPARTMENT

SECTION FOUR (CONTINUED): FUNDING SOURCE(S) (SELECT ALL THAT APPLY)	AMOUNT (IN US DOLLARS):
<input type="checkbox"/> SELF/PERSONAL FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH, U.S. DOLLARS AND DATED WITHIN THE LAST 3 MONTHS] 	\$: _____
<input type="checkbox"/> FAMILY/PRIVATE FUNDS <ul style="list-style-type: none"> ATTACH BANK STATEMENT/LETTER [MUST BE IN ENGLISH, U.S. DOLLARS, AND DATED WITHIN THE LAST 3 MONTHS] SIGN AFFIDAVIT OF FINANCIAL SUPPORT BELOW [IF SPONSOR IS OUTSIDE OF THE U.S., 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: _____ 	\$: _____

SIGNATURE

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT AND I AM AWARE THAT I MUST PROVIDE DOCUMENTATION TO SUPPORT THE I-20/DS-2019 REQUEST.

STUDENT SIGNATURE: _____ DATE (MM/DD/YYYY): _____