



**Office of International, Immigrant, Undocumented, DACAdmented, and Refugee Students**

c/o Unity Center, Donovan Dining Center — Lower Level  
 600 Mount Pleasant Avenue, Providence, RI 02908-1991  
 (401) 456-8549 • Fax (401) 456-8821 • kmascorro@ric.edu

**F-1 Student Request Form**

Student Information <i>(all fields required)</i>		
<b>Name</b>		<b>RIC ID:</b>
Enter First Name	Enter Last Name	Enter ID
<b>Degree</b>		
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other: .....		
<b>Department:</b> <a href="#">Click here to enter Dept</a>		<b>Program / Major:</b> <a href="#">Click here to enter major.</a>
Phone Number: (000) 000-0000		Email Address: <a href="#">Click here to enter your email</a>

Request Type	
<i>Submit all required materials for your request with this form. Incomplete documentation will delay processing.</i>	
<input type="checkbox"/> <b>TRAVEL ENDORSEMENT</b>	
<i>Complete all fields in this below if you would like a new travel signature on your form I-20. Submit the original I-20 with your request.</i>	
Do you have a valid F-1 visa?	Is your passport valid for at least 6 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Destination(s): <a href="#">Click here to enter your destination(s).</a>	
Departure Date (mm/dd/yyyy):	Re-entry Date (mm/dd/yyyy):

NEW FORM I-20	UPDATE SEVIS RECORD
<input type="checkbox"/> Replace lost, damaged, or stolen I-20	<input type="checkbox"/> Extend current program of study
<input type="checkbox"/> Correction or update to information	<input type="checkbox"/> Transfer to another institution in the U.S.
<input type="checkbox"/> Cap-Gap Extension	<input type="checkbox"/> Add or change dependents
	<input type="checkbox"/> Intent to depart the U.S. <i>(RIC-approved Leave of Absence, withdrawal from program, etc.)</i>
<input type="checkbox"/> Other (please explain) _____	

<input type="checkbox"/> <b>EMPLOYMENT AUTHORIZATION</b>	<input type="checkbox"/> <b>UNDER-ENROLLMENT AUTHORIZATION</b>
<input type="checkbox"/> Curricular Practical Training (CPT)	<input type="checkbox"/> Reduced Course-Load (RCL)
<input type="checkbox"/> Optional Practical Training (OPT)	<input type="checkbox"/> Full-Time Certification (FTC)
<input type="checkbox"/> Economic Hardship	<input type="checkbox"/> Additional Documentation for a pending request
<input type="checkbox"/> Campus Employment (Max: 20 hours/wk)	<input type="checkbox"/> Other _____
<input type="checkbox"/> International Organization	
<input type="checkbox"/> Social Security Number (SSN) support letter	

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_