Lincoln University

STUDENT REQUEST FORM



Ref:AO/SRF

A. Request for Form I-20 (allow 3-5 business days for processing)

1. Extension of Program

The I-20 reflects a "program completion date", which is an estimate of the amount of time it will take a student to complete a program (see Item #5 of the I-20). If a student requires additional time to complete a program, a request for an extension must be submitted at least 30 days prior to the "program completion date" on the I-20. Failure to comply with deadlines may result in the loss of legal status and may require a student to leave the U.S. and re-enter with valid visa. The United States Department of Homeland and Security (DHS) does not consider delays due to financial difficulties, academic failure, probation or suspension as valid reasons for granting an Extension of Program.

			n(s) for Exte					t apply):					
			Delay due	مامده عامده	rch problems (only for BA 399)								
			Delay due	-		•	c or unexp	ected rese	arch prot	nems (on	iy idi ba 399)		
			•										
			Other (piec	ise expiairi)	/								
	2.	Replacement of lost I-20 (please explain)											
	3.	Dependents (F2)											
		Please	submit the f	ollowing do	cuments	s:							
			Marriage c										
			Valid pass						200 1	1 0 000			
		C.	issued no l				nount of at	ieast \$18,	960 plus	\$6,000 pe	er dependent and		
		Ь	Birth certific										
		u.	Direit octain	50105 101 01	ma(ron) ((ii arry)							
	4.	Change of Level To: (Please complete the Change of Program or Concentration Form)											
		□ CERTIFICATE □ AS □ BS □ BA □ MBA □ MS □ DBA											
		_ OL:	(111 10/112	□ /\ O	_ 50					,, (
	 Change of Employer: (Please submit an original job offer letter & new Internship Agr Last day of employment with the previous employer (mm/dd/yy): 										ement Form)		
	6.	Other:	(Please sub	mit suppler	mentary	documer	nts)						
R	Red	Request for Letter (allow 2-3 days for processing)											
			ation of curre			3,							
		Letter	of support fo	r employme	ent eligib	ility							
		Invitation letter (please complete the item #D on the back side of this form)											
		Other:											
_													
C.	Stu	Student Information:											
	Stu	dent I.D).:				Date:						
	Nlai	ame:											
	INGI	(La	ıst)			(First)					(Middle)		
	امT		_)										
	1 61	. (_ /										
	Em	nail		@lir	ncolnuca	ısf.edu	Sigr	nature/Prin	t Name: _				

Lincoln University

D. Travel Information:

ast Name, First Name	Passport No.	Date of Birth (mm/dd/yy)	Country of Birth	Relationship
hen will the depende	ent(s) come to the	J.S. and how lon	g are they going to stay	?
mments:				
	ACCOL	JNTING OFFICE I	JSE ONLY	
student's account			JSE ONLY Balance: \$	
e student's account	clear? □ YES □	NO If "NO", E		

Revised: 07/30/2017/AO/ukg