

Lincoln University

STUDENT REQUEST FORM



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.**

Reason(s) for Extension of Program (please check all that apply):

- Delay due to a change of concentration
- Delay due to a change in research topic or unexpected research problems (only for BA 399)
- Delay due to documented illness
- Other (please explain) _____

2. Replacement of lost I-20 (please explain) _____

3. Dependents (F2)

Please submit the following documents:

- a. Marriage certificate;
- b. Valid passport of dependent(s);
- c. Original bank letter (must reflect the amount of at least \$18,960 plus \$6,000 per dependent and issued no less than six months);
- d. Birth certificates for child(ren) (if any)

4. Change of Level To: (Please complete the Change of Program or Concentration Form)

CERTIFICATE AS BS BA MBA MS DBA

5. Change of Employer: (Please submit an original job offer letter & new Internship Agreement Form)

Last day of employment with the previous employer (mm/dd/yy): _____

6. Other: (Please submit supplementary documents) _____

B. Request for Letter (allow 2-3 days for processing)

- Verification of current enrollment
- Letter of support for employment eligibility
- Invitation letter (please complete the item #D on the back side of this form)
- Other: _____

C. Student Information:

Student I.D.: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Tel. (_____) _____

Email _____@lincolnucsf.edu Signature/Print Name: _____

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D. Travel Information:

Last Name, First Name	Passport No.	Date of Birth (mm/dd/yy)	Country of Birth	Relationship

E. When will the dependent(s) come to the U.S. and how long are they going to stay?

F. Comments:

ACCOUNTING OFFICE USE ONLY

Is the student's account clear? YES NO If "NO", Balance: \$ _____

Certified by: _____ Date: _____