IMMIGRATION Request Form
University Center for International Education

FIRST NAME: ________________________
LAST NAME: ________________________
UID#: ________________________________
PHONE NUMBER: _____________________
WSU EMAIL: __________________________

DATE: ________________________________

Requests may take up to seven (7) business days.

☐ Travel Request
Submit I-20 or DS-2019 (and EAD card if applicable)

Anticipated travel dates:

LEAVING United States: ________________________
RETURNING to United States: ________________________

Please sign below that you agree to the following:
• I am requesting a “travel endorsement” on my I-20 (or DS-2019) form.
• I still have courses, degree requirements or projects I must complete for my current academic (or WSU exchange) program upon my return to the U.S. in order to qualify to graduate from the WSU degree (or exchange) program specified on my Form I-20 (or DS-2019).
• I intend to be registered as a full-time student at WSU for the next academic semester following my re-entry to the United States (or continue with my current WSU exchange visitor program).
• If I am unable to return to the United States for ANY reason for the next semester, I will notify the Immigration prior to the beginning of the semester.
• I understand that if I arrive late for a semester or leave during the semester I am responsible for informing each of my professors of the late arrival or absence during the semester.

☐ Replacement of Lost I-20 (or DS-2019) - (attach detailed description of how form was lost and sign below)

☐ Dependent I-20 Request- Spouse/child
Submit:
1. Dependent passport
2. recent bank statement
3. proof of dependence (marriage certificate or birth certificate)

INTERNATIONAL MAILING ADDRESS:
(or NAME of person who has PERMISSION to pick up I-20)
INTERNATIONAL PHONE:

Please sign below that you agree to the following:
• I understand it is my responsibility to have my dependents check in with the UCIE upon arrival to the U.S.
• I understand if I want to Opt In to WSU Dependent Health Insurance I must fill out appropriate Enrollment Forms and submit required documentation to Student Health Services.

☐ Other Request:

☐ My signature certifies that I understand and agree to the above requirements and that the statements are true in my case.

Signature: ____________________________ Date: ________________