

I-20 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiiss@msu.edu | Web: www.oiiss.msu.edu

THIS SECTION TO BE COMPLETED BY THE STUDENT

Last Name:	First Name:
Date of Birth (mm/dd/yyyy):	PID: A
SEVIS ID #: N	
Current I-20 or OPT End Date:	

REASON FOR REQUESTING I-20

<input type="checkbox"/> Extension of Program. <i>Must have I-20 Extensions Only: Advisor/Major Professor section completed below.</i>
<input type="checkbox"/> Change of visa status/obtain F-1 visa stamp. NOTE: You must pay the SEVIS fee (http://fmjfee.com).
Current Visa Status: _____ Date studies began/will begin: _____
<input type="checkbox"/> Replacement of TERMINATED I-20. NOTE: You must pay the SEVIS fee (http://fmjfee.com).
Please indicate when you will leave the U.S. with a new I-20: _____
<input type="checkbox"/> Other: _____

2018 MINIMUM FUNDING REQUIREMENTS FOR ISSUANCE OF I-20

<i>Amounts listed subject to change</i>	Tuition & fees	Living expenses	Insurance	TOTAL
UNDERGRADUATE Fr./Soph.	\$40,962	\$15,610	\$2,172	\$58,744
Jr./Sr.	\$42,198	\$15,610	\$2,172	\$59,980
MASTERS (does not include MBA)	\$25,884	\$16,046	\$2,172	\$44,102
PHD (w/ assistantship)	\$25,884	\$16,046	\$2,172	\$44,102
(w/o assistantship)	\$17,318	\$16,046	\$2,172	\$35,536

I understand that the cost of tuition and fees may change according to the amount of credits I am taking. I understand that I must have student health insurance and that, if I have any dependents, then they too must have health insurance.

Student Signature: _____ **Date:** _____

I-20 EXTENSIONS ONLY: ACADEMIC ADVISOR/MAJOR PROFESSOR

An F-1 student who is currently maintaining status and making normal progress toward completing his or her educational objective, but who is unable to complete his or her course of study by the program end date on the Form I-20, must request an extension of the I-20. Academic advisor must select one of the below reasons for the extension:	
<input type="checkbox"/> Academic	
<input type="checkbox"/> Medical (<i>Student must provide documentations from a medical doctor/psychologist/doctor of osteopathy documenting the medical condition</i>)	
<input type="checkbox"/> Other: _____	
Expected completion date (month/day/year):	Number of credit remaining:
Name:	Signature:
Phone:	Date:

THIS SECTION TO BE COMPLETED BY OISS

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
OISS Advisor Signature:	Date: