

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

International Students & Programs

9001 Stockdale Hwy, Bakersfield, California 93311-1099
Tel: 661/654-2014 FAX: 661/654-6924 Email: csubis@csub.edu

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Request for Immigration Documents Form

I. Reason for Request

- Break in F-1 Status / Absent from U.S. for more than 5 months
- Reinstatement to F-1 Status Change of Status to F-1
- Change of Status to F-2 Replacement of Lost I-20
- Add a Dependent(s) for travel and entry into the US
- Update of Financial Information Name Change
- Extension of Current Program of Study
- Change of Major to _____
(Indicate new major)
- Start of a New Degree Program: BS/BA _____ MS/MA _____ PhD _____
Field of Study _____ Expected Graduation Date ____/____/____
- Other _____

II. Personal Information (of F-1 Student)

CSUB ID Number _____ SEVIS ID _____

Date of Birth ____/____/____ (MM/DD/YY) Gender: M__ F__

First Name _____ Middle Name _____ Last Name _____

Country of Birth _____ Country of Citizenship _____

Passport Issued By _____ Number: _____

Passport Expiration Date ____/____/____ (MM/DD/YY)

Students are reminded to keep their street and e-mail addresses current in VIP. International Programs will always contact you at the information listed in VIP.
(Students who are on OPT should send all contact information updates to: csubis@csub.edu)

Are you currently on Optional Practical Training? Yes No End Date of OPT ____/____/____

Are you planning to travel outside the U.S. this month?
Yes No Departure Date ____/____/____

Other Comments/Concerns:

Current Address (PO Boxes are not acceptable unless student lives in an on-campus dormitory)

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

E-mail _____

Telephone (Home) _____ (Work): _____

Home Country Address (No US addresses please.)

Street 1 _____
Street 2 _____
City _____
State/Province _____
Country _____ Postal Code _____

III. Program of Study

Current Program of Study: Bachelor's _____ Master's _____ Doctorate _____
Major: _____
Are you concurrently enrolled at two degree levels? (i.e., Master's and Doctorate) Yes No
Program Start Date (as listed on your current I-20) ____/____/____ Current Program End
Date ____/____/____
Expected Graduation Date ____/____/____

Graduate Students Only:

Academic Advisor Name _____
Email _____
Department _____
Phone (_____) _____

IV. Dependent Information (Complete if applicable.)

Please list any dependents that are currently in F-2 status or intend to apply for F-2 status. Only spouses and children are eligible for F-2 status. There is no need to list U.S. citizen spouses and children.

Last Name	Given Name	Middle Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

V. Funding (all students complete this section)

Please check the sources of your funding. If you have an assistantship or scholarship, please have your department complete the certification of CSUB support.

_____ Personal Funds _____ CSUB Assistantship _____ Sponsoring Agency _____
_____ Family Funds _____ CSUB Scholarship

Departmental Information

Department _____
Contact Person _____
Telephone _____
E-mail _____
Departmental Signature _____
Date ____/____/____

YOU WILL BE NOTIFIED BY EMAIL WHEN YOUR DOCUMENT IS AVAILABLE.