



The purpose of this form is to request a new or updated Certificate of Eligibility (I-20 or DS-2019). The completion and submission of this form will allow for the issuance of an I-20/DS-2019 for those seeking or holding F-1/F-2 or J-1/J-2 visa status. Please allow one week for processing upon submission of the completed form at the ISSI. The student should enter his/her name as it appears in the most current passport and print clearly and legibly.

Part 1: Personal Information

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

Date of Birth: _____ **Northeastern ID:** _____
Month/Day/Year

Email: _____ **Telephone:** () --

Current U.S. Address: _____
Street Name and Number Apartment Number

City State ZIP

I am requesting an: I-20 DS-2019

<p><u>Program</u></p> <input type="checkbox"/> Undergraduate Day <input type="checkbox"/> Graduate Day <input type="checkbox"/> CPS <input type="checkbox"/> Other: _____	<p><input type="checkbox"/> Certificate <input type="checkbox"/> Global Pathways <input type="checkbox"/> American Classroom <input type="checkbox"/> Other</p>	<p><u>Degree</u></p> <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/> Non-degree
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Expected Academic Completion Date: _____
Month / Day / Year

Reason For Request

Change of Major: From (current major) _____ to (new major) _____ Continue to Part 5

Graduate Students: In addition to this form the ISSI must receive an Official Request for the issuance of a new updated I-20 from your Graduate School (**ISSI Form 610**)

Update Information: Specify _____ Continue to Part 5

Replace lost I-20 or DS-2019 Continue to Part 5

Program Extension (ISSI Form 129 must also be completed and submitted) Continue to Part 2

For dependents (spouse /child) Continue to Part 2

Other: Specify _____ Continue to Part 2

Part 2: Immigration Information

<input type="checkbox"/> I-94 Number: _____ <input type="checkbox"/> Passport Information - Issuing Country: _____ <input type="checkbox"/> Visa Information - Visa Type: _____ <input type="checkbox"/> Visa Information - Issued at: _____	<input type="checkbox"/> Passport Information - Number: _____ <input type="checkbox"/> Passport Expiration Date: _____ <input type="checkbox"/> Visa Number: _____ <input type="checkbox"/> Visa Expiration Date: _____
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Part 3: Dependent Information

To apply for an F-2 (I-20) or a J-2 (DS-2019) for a spouse or child(ren), please fill out the information below. The name entered should correspond to that in the dependent's most current passport. Please attach proof, e.g. a bank statement/and or financial support document demonstrating that the necessary funding will be provided for each dependent: **\$6,500 for a spouse/\$3,500 for each child**. If more than two dependent entries are needed, please copy this form and attach.

Dependent 1

Dependent Last Name: _____ **First Name:** _____

Date of Birth: _____ **Place of Birth:** _____
Month/Day/Year City Country

Country of Citizenship: _____ **Relationship to Student:** _____

- Dependent will accompany applicant** **Dependent is already in the U.S.**

Dependent 2

Dependent Last Name: _____ **First Name:** _____

Date of Birth: _____ **Place of Birth:** _____
Month/Day/Year City Country

Country of Citizenship: _____ **Relationship to Student:** _____

- Dependent will accompany applicant** **Dependent is already in the U.S.**

Part 4: Financial Information

Indicate source(s) and amount of support in U.S. dollars and attach copies of updated financial information.

- Personal Funds** (your own bank account) \$ _____
- Family Funds** - Name of your financial sponsor: _____ Relationship to you: _____ \$ _____
- Government Funds** (attach copy of current NU award letter) \$ _____
- Athletic Scholarship** (attach copy of current NU award letter) \$ _____
- Tuition Waiver** (attach copy of current NU award letter) \$ _____
- NUTA/RA/SGA** (attach copy of current NU award letter) \$ _____
- Other-Specify:** _____ \$ _____

Part 5: Mailing Information

How would you like to receive your I-20/DS-2019?

- ____ Pick-up/myself
____ Pick-up/my friend or relative _____

(Please provide name and email of friend or relative. Also, please note that your friend or relative will need to show proof of their identification when they pick up your I-20/DS-2019)

Name of friend/relative Email for friend/relative

____ Please mail to the following address
(Please remember: your I-20 will be delivered by the U.S. Postal Service. Overseas mailing will be by regular airmail.)

Street no. Apt. City State Zip County

Student's Signature: _____ **Date:** _____