



STUDENT REQUEST FOR NEW I-20 AFTER 5-12 MONTH ABSENCE

This form is to request a new Initial Attendance I-20 when an F-1 student has been absent from the U.S. between 5-12 months. This is only for those students who took a break in their studies and were not registered during the absence. This does not apply to students on a study abroad program or PhD students who continued to research or write for the thesis/dissertation and maintained normal registration with the University of Iowa.

This form is not for students who have been absent from the U.S. for more than 12 months. You will need to submit a brief reapplication form to the Office of Admissions. Please contact them directly at admissions@uiowa.edu.

1. Fill out the top portion of the Academic Advisor form and send it to your advisor for completion. Ask you advisor to mail it to 1111 UCC or email it to oiiss@uiowa.edu
2. Fill out the information requested on this page and send it to OISS by fax (319-335-2021) or by email attachment to oiiss@uiowa.edu
3. You must include a copy of updated financial support documentation, such as a bank statement issued within the last 6 months, a letter from your academic department indicating a graduate assistantship, a letter verifying scholarship information etc. If no documentation is included, your application for a new I-20 will be discarded and you will not be contacted.
4. Once you obtain the new I-20, you must take the same financial documentation to apply for a new F-1 visa. A new visa must be obtained even if your old one is still valid because you now have a new SEVIS identification number as a result of your absence from the U.S. for over 5 months.

Family Name: _____ **First Name:** _____

Email: _____ **Student ID #:** _____ **Date:** _____

Financial Support: Check all that apply. A new document will not be issued without current financial evidence.

- Graduate Assistantship Amount: \$ _____ (Must provide copy of offer letter from department stating salary.)
- Personal Funds Amount: \$ _____ (Must provide copy of most recent bank statement.)
- Family Funds Amount: \$ _____ (Must provide documentation of family funding no more than 6 months old.)
- Other Sources of Funding Amount: \$ _____ (Must provide documentation no more than 6 months old.)

TOTAL AMOUNT: \$ _____

Do you have a spouse and/or children who wish to accompany you in F-2 status? Yes No

If yes, complete the attached form to request a dependent I-20 for each person to come in F-2 status and send it to OISS with your request for the new I-20.

Have you ever been dismissed or suspended from the University of Iowa? Yes No

Are you currently late in paying your University of Iowa U-Bill? Yes No

I verify the information I have provided is complete and accurate to the best of my knowledge..

 Student Signature

 Date



ACADEMIC ADVISER'S CONFIRMATION FOR RETURN TO PROGRAM OF STUDY

To be Completed by Student:

Family Name _____ First Name _____

E-Mail Address _____ Student ID # _____

To be Completed by Academic Adviser or Department Chair: The application will be rejected if this portion is completed by the student. This form is provided for your convenience and is designed to facilitate the communication of information required by U.S. immigration regulations for students who wish to return to the U.S. and the University of Iowa after an absence of 5-12 months.

If you have any questions regarding the regulations or the completion of this form, please do not hesitate to call us at 335-0335 or e-mail oiss@uiowa.edu.

1. This student took a break from academic studies for a period of 5-12 months and did not maintain registration with the University of Iowa; is the student still permitted to return to study in the same program?

No Yes (*please fill in the information below*)

2. The student is engaged in the following course of study:

Major: _____ Degree Level: _____

Number of Credits Earned To Date: _____ Total Required for Degree _____

New Anticipated Graduation Date: _____
Month / Year

Please mail this page to 1111 UCC or send as an email attachment to oiss@uiowa.edu . Thank you.

Academic Adviser's (or Chair's) Signature

Date

Academic Adviser's (or Chair's) Name

E-mail Address

This form is necessary only for those who plan to have a spouse and/or children accompany them in F-2 status.

Spouse:

Family Name _____ First Name: _____
Date of Birth _____ Country of Citizenship _____
City of Birth _____ Country of Birth _____
Country of Legal Permanent Residence _____

Child: Son or Daughter

Family Name _____ First Name: _____
Date of Birth _____ Country of Citizenship _____
City of Birth _____ Country of Birth _____
Country of Legal Permanent Residence _____

Child: Son or Daughter

Family Name _____ First Name: _____
Date of Birth _____ Country of Citizenship _____
City of Birth _____ Country of Birth _____
Country of Legal Permanent Residence _____

Child: Son or Daughter

Family Name _____ First Name: _____
Date of Birth _____ Country of Citizenship _____
City of Birth _____ Country of Birth _____
Country of Legal Permanent Residence _____

Child: Son or Daughter

Family Name _____ First Name: _____
Date of Birth _____ Country of Citizenship _____
City of Birth _____ Country of Birth _____
Country of Legal Permanent Residence _____