



## International Center for Students and Scholars

### Reinstatement I-20 Request Form

#### To be completed by Student

Last name \_\_\_\_\_ First name \_\_\_\_\_

UB ID \_\_\_\_\_ Phone number \_\_\_\_\_

City of Birth \_\_\_\_\_

U.S. Address

(Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

Home country address: \_\_\_\_\_

Street # and Name or local part of address

\_\_\_\_\_

City

Province

Postal Code

Country

Do you have dependents in F-2 status? If so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

#### To be completed by Academic Advisor

##### Confirmation of academic program

Major: \_\_\_\_\_

Degree level: \_\_\_\_\_

Anticipated degree completion date: \_\_\_\_\_

Academic Advisor name \_\_\_\_\_ signature: \_\_\_\_\_

Date: \_\_\_\_\_