



International Admissions

817-515-1570 • internationaladmissions@tccd.edu • www.tccd.edu

Request for New or Revised I-20

Family Name: _____ First Name/Middle Name: _____

DOB (MM/DD/YYYY): _____ SEVIS ID#: N00 _____

TCC Email Address: _____ @tccd.edu TCC ID#: _____

U.S. Local Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Permanent Foreign Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Current/Active Degree Program: _____

Expected Graduation (Semester/Year): ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Reason for Request

| |
|---|
| <input type="checkbox"/> Change of Major/Degree (<i>Must have departmental approval for specialized program</i>) |
| Please attach: <input type="checkbox"/> New Degree Plan <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Change of Academic Program Form Old Major/Degree: _____ New Major/Degree: _____ Second Degree (if applicable): _____ Semester Intending to Begin New Degree (Semester/Year): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ |
| <input type="checkbox"/> Change of Sponsorship (Attach New Financial Documents and Sponsor letter (if applicable)) |
| <input type="checkbox"/> Current F-1 Adding F-2 Dependent(s) |
| Please attach: <input type="checkbox"/> New Financial Documents <input type="checkbox"/> F-2 Passport scan(s) Relationship of Dependent(s) to F-1: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Spouse |
| <input type="checkbox"/> F-1 Status (Leaving the U.S. to apply for new F-1 visa) |
| Please attach: <input type="checkbox"/> Acceptance Letter <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Travel Itinerary <input type="checkbox"/> I-901 Receipt |
| <input type="checkbox"/> Graduating and Starting a New Program or Completing OPT and Starting a New Program |
| Please attach: <input type="checkbox"/> New Degree Plan <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Change of Academic Program Form Semester Intending to Begin New Degree (Semester/Year): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ |
| <input type="checkbox"/> Program Extension (<i>Must apply at least 30 days before the expiration date of current I-20</i>) |
| Please attach: <input type="checkbox"/> Active Degree Plan <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Letter of Explanation (Extension) |
| <input type="checkbox"/> Reentry (Reason): <input type="checkbox"/> Return after Authorized Early Withdrawal <input type="checkbox"/> Correct Status <input type="checkbox"/> Other: (list below) |
| I am returning for (Semester/Year): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ Please attach: <input type="checkbox"/> Active Degree Plan <input type="checkbox"/> New Financial Documents <input type="checkbox"/> Copy of F-1 visa <input type="checkbox"/> I-901 Receipt |
| <input type="checkbox"/> Reprint of I-20 (Reason): <input type="checkbox"/> Lost/Misplaced <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Travel Endorsement Lines Full |
| <input type="checkbox"/> Other: _____ |

I have completed the above information, attached the necessary documents, and understand the regulations regarding this process. *If I have any questions, I will consult with the International Admissions Office.*

Student Signature: _____

Date: _____