

Request for Document Processing for International Students

1. **Name:** (family name) _____, (given name) _____
2. **Student UAlbany ID #:** _____ - _____ - _____
3. **E-mail address:** (Please print) _____ @ _____
4. **Phone number:** _____ - _____
5. **Visa Status** (F-1, J-1, etc) _____
5. **Number of credits** that you are currently registered for: _____
6. Graduate Student: Do you have an **assistantship**? No ___ Yes ___ If so, what dept? _____
7. Expected **graduation date:** ____/____/____

- | | |
|---|---|
| <input type="checkbox"/> Signature for travel (submit I-20 OR DS2019) | <input type="checkbox"/> CPT |
| <input type="checkbox"/> Economic necessity | <input type="checkbox"/> OPT/Academic Training |
| <input type="checkbox"/> I-20 / DS-2019 for dependents | <input type="checkbox"/> TRANSFER |
| <input type="checkbox"/> I-20 / DS-2019 extension | <input type="checkbox"/> OTHER* (explain on back) |

"I understand that 5 business days are required for my request to be processed."

Your signature: _____ **Date:** ____/____/____

For OFFICE Use Only

Due date: / / () **Logged on:** _____ **by:** _____
Completed: _____