

REPLACEMENT I-20/DS-2019 FORM

| This form is to be used for continuing Millersville University (MU) students to request a replacement of the I-20/DS-2019 due to loss, theft, or | | | | | | | | | |
|--|------------|----------|--------------------|-----------|--|--|--|--|--|
| damage. Do not use this form if you are a new student or a continuing student being admitted into a new program at MU. A replacement I-20/DS- | | | | | | | | | |
| 2019 cannot be processed if the lost I-20/DS-2019 has expired. | | | | | | | | | |
| Please allow one week for proces | ssing. | | | | | | | | |
| First Name, Middle Initial | | Last Nar | ne | M Number | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Date of Birth (mm-dd-yyyy) | Gender | | Millersville Email | Telephone | | | | | |
| | □ Male □ 1 | Female | | | | | | | |
| | | | | | | | | | |
| Current Address | | | | | | | | | |
| | | | | | | | | | |
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| CHECKLIST OF REQUIRED DOCUMENTS | | | | | | | | | |
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- □ Copy of your current I-94
- □ Copy of passport page showing picture, biographical information, and expiration date for you and each dependent (if applicable)
- □ If available, copy of your current lost, stolen or damaged I-20/DS-2019
- □ An unofficial transcript downloaded from MAX

| COMPLETE THIS SECTION | | | | | | | | |
|--|--------|--|--------|--|----|--|---------|--|
| Reprint Reason: | □ Lost | | Stolen | | | | Damaged | |
| Do you need a new I-20 for F-2/J-2 Dependents? | | | Yes | | No | | | |
| If yes, name of dependent(s) needing I-20/DS-2019: | | | | | | | | |
| | | | | | | | | |

READ THE STATEMENT BELOW AND SIGN

- I certify I have read the request form instructions and information in full and certify that the information I have provided is complete and accurate to the best of my knowledge.
- I understand I (and any F-2/J2 dependents) must have Millersville University approved health insurance for the duration of my F-1/J-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), to the Office of International Programs and Services and through MAX within 10 days of the change.

Student's signature

Date (month/day/year)