

# I-20/DS-2019 UPDATE REQUEST FORM

This form is for continuing Millersville University (MU) students to update their I-20/DS-2019 due to a change or correction of information. Submit this form with the required documents to the Warfel Center for International Programs and Services (IPS). Before submitting this form, you must go to the Registrar's Office to officially record the change in the MU system. Do not use this form if you are a new student. Do not use this form to inform IPS of a change in your visa status.

**Please allow one week for processing.**

First Name, Middle Initial		Last Name		Student ID Number
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	Millersville Email	
Current Address (U.S) (Full Street Address, City, State, Zip Code)				
Permanent Address (outside U.S) (Full Street Address, City, State/Prefecture, Zip Code <i>(If Applicable)</i> , Nation)				

## CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS FORM FOR PROCESSING

- ☐ Visit the Registrar's Office to make the change in the University system. Wait at least two days before bringing this form to IPS.
- ☐ Copy of your current I-20/DS-2019 (pages 1 & 2)
- ☐ An unofficial transcript downloaded from MAX

## COMPLETE THIS SECTION

Information Change: ☐ Name ☐ Citizenship ☐ Birth date ☐ Address ☐ Major

Updated information:

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What date did you go to the Office of the Registrar? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you need a new I-20/DS-2019 for F-2/J-2 dependents? ☐ Yes ☐ No

If yes, name of dependent(s) needing I-20/DS-2019:

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## READ THE STATEMENT BELOW AND SIGN

- I certify I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, true and accurate.
- I understand I (and any F-2/J-2 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 IPS within 10 days of the change.
- **I understand this form must be completed in DocuSign or submitted in person by me with a wet signature.**

Signature: \_\_\_\_\_

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