



Bluefield State University

REQUEST FOR NEW I-20

STUDENT NAME: _____
(LAST NAME FIRST NAME)

BSC ID: _____

Student e-mail: _____@live.bluefieldstate.edu

Local address:

CURRENT I-20 IS LOST

CURRENT I-20 IS DAMAGED

STUDENT WILL TRAVEL OUTSIDE THE USA

STUDENT IS REQUESTING A CHANGE OF LEVEL OR CHANGE OF PROGRAM

Please make an appointment with the PDSO, and you will need to provide proof of financial support.

STUDENT NEEDS TO ADD DEPENDENTS

Please make an appointment with the PDSO, and you will need to provide a copy of the passport ID page of each dependent as well as proof of financial support

Dependent Information

Last Name	First Name	Relationship to Student	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____