

Auburn University

Auburn University, Alabama 36849-5159

Office of International Education
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SUBJECT: REQUEST FOR CONSIDERATION REGARDING ADJUSTMENT OF STATUS

TO: Director, Office of International Education

FROM: First Name	Last Name	
Passport Number	Expiration date	Citizenship
<input type="checkbox"/> I/20 or <input type="checkbox"/> DS/2019 Number	END program date on document	

I have applied for Permanent Residency and request the following adjustment to my Auburn University records by the Office of International Education at Auburn University.

SELECT CATEGORY "A" OR "B" and check each box in that category

<input type="checkbox"/> A.	I wish to maintain my F/J documents (I-20, DS2019) for myself and all my dependents as long as these documents are valid. By checking this box:
<input type="checkbox"/>	I understand that I will be charged the International Student/Scholar Fee.
<input type="checkbox"/>	I understand that the AU Office of International Education will continue maintain my I-20/DS-2019 and report my status to INS and DOS.
<input type="checkbox"/>	I understand that although these documents are being maintained and or extended I will NOT be able to renew my F or J VISA should travel outside the U.S. and return.
<input type="checkbox"/>	I understand that as long as I have applied for Permanent Residency and Adjustment of Status that I must secure Advance Parole documents from the INS should I wish to travel outside the US and return.
<input type="checkbox"/>	I understand that as long as I maintain my Adjustment of Status Employment Authorization I may work more than 20 hours per week and that I may work off campus however should I allow my EAD card to expire I am subject to the F/J regulations of the time and or any related Adjustment of Status regulations. OIE is not responsible for monitoring my Adjustment of Status process and or EAD card status.
<input type="checkbox"/>	Health Insurance requirement: <input type="checkbox"/> YES, I will be automatically charged for AU International Health Insurance for myself and my dependents while my I-20 or DS-19 are in place. <input type="checkbox"/> NO, I hereby request that AU waive the Health Insurance requirement based on my being covered by insurance through my LPR sponsor. I fully understand that not being covered by health insurance may/will jeopardize my Permanent Residency petition. (I must renew this request each semester I am enrolled.)
<input type="checkbox"/> B.	I wish to terminate my <input type="checkbox"/> I-20/ <input type="checkbox"/> DS2019 as of _____ (fill in date). I understand that by checking this box, my I-20, Ds2019 will be terminated with the INS and that the following will apply:
<input type="checkbox"/>	I understand that by terminating my I-20/DS-2019 I may seriously jeopardize my stay in the U.S. should there be problems with my application for permanent residency or should it be denied.
<input type="checkbox"/>	I have APPLIED for permanent residents and adjustment of status – this does not mean I am a permanent resident of the US.
<input type="checkbox"/>	I will be coded as a PENDING permanent resident in the AU system
<input type="checkbox"/>	I understand that the Office of International Education will no longer handle any of my non F/J program immigration paperwork.
<input type="checkbox"/>	I will not be eligible for AU International Student/Scholar Health Insurance however I may be eligible for the AU SGA domestic student insurance plan (at the higher cost)
<input type="checkbox"/>	I will not be charged the AU International Student/Scholar fee.
<input type="checkbox"/>	I will be considered a US "resident" for Federal Income tax purposes and understand that I must continue to file US federal and state income tax paperwork annually.
<input type="checkbox"/>	The resident status for US Income tax purposes <u>does NOT mean</u> that I am a resident of Alabama (for tuition purposes).

<input type="checkbox"/> B: cont.	<input type="checkbox"/> I understand that I must maintain a valid passport at all times and that I will continue to be classified as a citizen of my home country and considered to be under "the intent to immigrate to the U.S." rules should I decide to apply at a US consulate for any visas or other related documents.
	<input type="checkbox"/> I understand that receiving the Adjustment of Status Employment Authorization Card (EAD) does not entitle me to the same benefits as a Permanent Resident until I receive my Green Card. Furthermore I understand that this card must be renewed on a regular basis and that it is my sole responsibility to do so. Any unauthorized employment may seriously impact my petition for permanent residency and ability to stay in the U.S.

C.	I further understand the following: (TO BE CHECKED BY ALL)	
	<input type="checkbox"/>	That due to the complicated nature of immigration rules for applying for permanent residency that I should confer with an attorney that specialized in LPR immigration regulations.
	<input type="checkbox"/>	That the Office of International Education is NOT responsible for my permanent residency petition or the results of my decisions regarding my maintenance of status at Auburn University related to my petition.
	<input type="checkbox"/>	I will not be able to re-enter the U.S. on any current or expired I-20 or DS2019 and that as long as I have applied for permanent residency. I am NOT eligible for an F or J visa as I have declared my intent to immigrate to the U.S.

PLEASE COMPLETE the following on your LPR petition and **ATTACH** copies of INS RECEIPT NOTICES AND EAD CARD:

- 1 WHO IS YOUR SPONSOR: US citizen , family , employer , AU , Other _____
- 2 "A" number from documents: A#: _____
- 3 Application for PR Form I-140 – date submitted _____ Date: _____
and INS receipt notice number SRC#: _____
EAD Card#: _____
- 4 Adjustment of Status paperwork submitted _____ Begin date _____
Form I-485, I-765 and EAD card received _____ End date: _____

Please sign below: (THE FOLLOWING IS TO BE COMPLETED IN FRONT OF A NOTARY PUBLIC)

"I have read and understand the statements in this document and provided accurate information."

(Signature) SID: _____ Date: _____

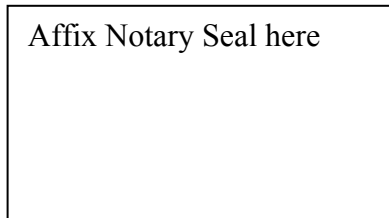
(Print Name) E-mail: _____

NOTARY PUBLIC:

This document was signed in my presence, the individual provided a photo ID (AU official ID card, drivers license or passport)

Subscribed and sworn to before me this _____ day of _____ (month),
_____ (year)

Signed (notary) _____



FOR OIE OFFICE ONLY		
Reviewed by: _____	Signature: _____	Date: _____
Health Insurance – AU policy YES _____	Waive AU policy term by term YES _____	Date : _____ initials
Change to PP or LPP (initials) YES _____	OASIS updated 216 by _____	Date: _____
SEVIS action taken:	None <input type="checkbox"/> remains F/J status – initials _____ date _____	
	Terminated from <input type="checkbox"/> F / <input type="checkbox"/> J status including <input type="checkbox"/> dependents – <input type="checkbox"/> spouse, <input type="checkbox"/> children number Initials _____ date _____	