

Date Stamp



REPLACEMENT REQUEST FORM I-20 OR DS-2019
Auburn University, Office of International Education

Fill the following details in **block** letters

AU Student ID Number		SEVIS ID#	do you have an <input type="checkbox"/> I-20 or <input type="checkbox"/> DS-2019?
Last Name (as appears on passport)		First Name	Middle Name
Phone		Email Address	
Department		<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> IEP
		<input type="checkbox"/> Other _____	
Advisor's Name		Phone	Email
ACCOMPANYING DEPENDENT INFORMATION: <input type="checkbox"/> NONE			
Spouse	Name	SEVIS ID Number	
Child	Name	SEVIS ID Number	
Child	Name	SEVIS ID Number	
Child	Name	SEVIS ID Number	

Please indicate below the document(s) necessary for you.

<input type="checkbox"/> I-20	(IF ACCOMPANIED BY DEPENDENTS ANY REPLACEMENT OF THE F-1 or J-1 documents must be replaced for the dependents at the same time)	
<input type="checkbox"/> Ds-2019		
<input type="checkbox"/> for F-1 or J-1		
<input type="checkbox"/> for dependents		
<input type="checkbox"/> Replacement of lost I-20 (if stolen please attach a copy of the police report)	From	To
Signature _____		Date _____

PLEASE ALLOW A MINIMUM OF 30 DAYS FOR PROCESSING OF THIS REQUEST

*Bring completed forms along with any required documents or copies to 201 Hargiss hall

OIE Office use only

Program Dates Begin ____/____/____ End ____/____/____

GOINTL SPAIDEN SHATERM SFAREGQ SOAHOLD

Approved by: _____ Date: _____

Remarks: _____

