

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 <input type="checkbox"/> Ds-2019 <input type="checkbox"/> for F-1 or J-1 <input type="checkbox"/> for dependents	(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"/> 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 228 Foy Hall

OIE Office use only

Program Dates    Begin \_\_\_\_/\_\_\_\_/\_\_\_\_    End \_\_\_\_/\_\_\_\_/\_\_\_\_

GOINTL     SPAIDEN     SHATERM     SFAREGQ     SOAHOLD 

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
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