



REPLACEMENT REQUEST FORM I-20 OR DS-2019
 Auburn University, Office of International Students & Scholars Services

Date Stamp

Fill the following details in **block** letters

AU Student ID Number		SEVIS ID#	
Last Name (as appears on passport)		First Name	
Email Address			
Department	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD
	<input type="checkbox"/> Other	<input type="checkbox"/> IEP	

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

	(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)	
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

OIP Office use only

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

GOINTL SPAIDEN SHATERM SFAREGQ SOAHOLD

Approved by: _____ Date: _____

Remarks: _____

