

## Return to USC: Initial I-20 Request Form

Today's Date: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

First Semester at USC: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Degree Objective:  Bach  Master  PhD  Other: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Current Status:  F-1  J-1  Other: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

### Instructions for Initial I-20 (for students returning to USC)

**Step 1:** Student contacts academic advisor to get Request Form completed.

**Step 2:** [Set-up eShipGlobal account online and pay for express shipment.](#)

**Step 3:** Student submits following documents to [ois@usc.edu](mailto:ois@usc.edu) for review.

All attachments must be sent in one email. Incomplete applications will be denied.

- Completed Request Form-Academic Advisor signature required below
- Funding letter and/or a bank statement in the following amount\* (minimum):  
Bachelors=\$67,212    Masters=\$55,536    Doctorate= \$61,978  
\*These are estimated amounts. Actual amounts may be higher.
- eShipGlobal Payment Confirmation Email

**Step 4:** Allow two weeks to review and process the Initial I-20. Initial I-20 will be sent to student via eShipGlobal.

**Step 5:** Upon receipt of the new I-20, student pays the SEVIS I-901 fee and applies for the F1 visa.

**Step 6:** Student re-enters the U.S. as early as 30 days prior to the program start date printed on the I-20.

**Step 7:** Upon re-entry, student calls OIS to schedule an appointment with an OIS advisor to get the STU55 registration hold removed.

**Important:** Submit request to OIS only after reentry semester and year have been confirmed by the academic department below. Any changes may cause I-20 issuance delays that could affect the F1 visa application process and/or cause reentry complications at the port of entry.

### THIS PORTION TO BE FILLED OUT BY YOUR ACADEMIC ADVISOR

The above named student is eligible to resume his/her academic program and is expected to **register full-time** for:

Select one:  Fall  Spring  Summer    Year \_\_\_\_\_

Student is expected to complete degree requirements and graduate by:

Select one:  Fall  Spring  Summer    Year \_\_\_\_\_

Academic Advisor Signature    Academic Advisor Name (please print)    School/Department    Ext.    Date

Office use: \_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_. RCL: \_\_\_\_\_.