



DOCUMENTATION REQUEST FORM

Five business days is required to process all requests if all required documents have been submitted

1. Date submitted: ____/____/____ (MM/DD/YYYY)
2. Name: (Last Name/ Family) _____ (First & Middle Name) _____
3. APU ID: _____ (XXX-XX-XXXX)
4. SEVIS number: _____ (Number above the barcode on current I-20)
5. Social Security number (SSN): _____ (XXX-XX-XXXX)
6. U.S. address (physical): ☐ On campus ☐ Off campus _____

7. U.S. phone numbers: (House) _____ (Cell) _____ (Fax) _____
8. Home country address: _____

9. Home country numbers: (House) _____ (Cell) _____ (Fax) _____
10. APU box: _____
11. Emails: (APU email) _____ (Non-APU email) _____
12. Visa type: _____ (Ex: F-1, J-1.....)
13. Current status: _____ (See current Form I-94)
14. Current program: ☐ ALCI ☐ UG ☐ G ☐ Other: _____
15. Major: _____ Second major: _____
16. Minor: _____ Second minor: _____
17. Expected completion date: ____/____/____ (MM/DD/YYYY)
18. Emergency contacts:
USA: (Name) _____ (Phone Number) _____
Home Country: (Name) _____ (Phone Number) _____
19. Delivery method (check one): ☐ pick up ☐ APU Box (current student) ☐ off campus address
20. Last date you are able to pick up: ____/____/____ (MM/DD/YYYY)

Please Turn Over

Please check any documentation requests that you need:

1. ☐ I-20 signature for travelling out of and into the USA
2. ☐ Extension of I-20
3. ☐ Replacement of I-20
4. ☐ I-20 for Dependent(s)
5. ☐ Full-Time Student Letter
6. ☐ Full-Time Student Letter with Academic Costs
7. ☐ Letter to Social Security Administration
8. ☐ Letter of Permission to Study Part-Time at Another School
9. ☐ Graduation Invitation Letter
10. ☐ Other

Refer to the instruction page that pertain to your request(s)

Documentation Request Form Instructions

1. Check your financial account at home.apu.edu. If you have an outstanding balance, attach an I-20 Clearance Form from Student Financial Services. Also attach you and/or your dependent(s) latest I-20 form(s). Provide the following information:

☐ Self☐ Dependents

Country of destination: _____ 1 _____ 2 _____

Departure date: _____ 1 _____ 2 _____

Return date: _____ 1 _____ 2 _____

2. Reason: _____
Make an appointment with Anita or Mary through a Front Desk staff.

3. Reason: _____
Make an appointment with Anita or Mary through a Front Desk staff.

4. Provide financial proof for yourself and the following family member(s).

Name of dependent(s): _____ 1 _____ 2 _____ 3 _____

Date of birth (MM/DD/YY): _____ 1 _____ 2 _____ 3 _____

Country of birth: _____ 1 _____ 2 _____ 3 _____

Country of citizenship: _____ 1 _____ 2 _____ 3 _____

Relationship: _____ 1 _____ 2 _____ 3 _____

5. Purpose of Use: _____

6. Purpose of Use: _____

7. Attach a job offer letter from your hiring supervisor. Letter must describe job title and duties, employment start dates, number of hours you will be working per week, supervisor's name, telephone number and signature.

8. Enroll full-time at APU. Total units at other school(s) cannot be full-time per semester. Provide the following information:

Name of School: _____ 1 _____ 2 _____

Semester and Year: _____ 1 _____ 2 _____

Course ID(s): _____ 1 _____ 2 _____

Class Name(s): _____ 1 _____ 2 _____

Unit(s): _____ 1 _____ 2 _____

Please Turn Over



9. Provide us with the following information:

Program completion date: ____/____/____ (MM/DD/YYYY)

Graduation ceremony date: ____/____/____ (MM/DD/YYYY)

Information of family member(s):

Name: 1 _____ 2 _____ 3 _____

Date of birth (MM/DD/YYYY): 1 _____ 2 _____ 3 _____

Country of birth: 1 _____ 2 _____ 3 _____

Country of citizenship: 1 _____ 2 _____ 3 _____

Relationship: 1 _____ 2 _____ 3 _____

10. Specify request:

For office use

☐ I-20 exp: ____/____/____
Major: ☐ ok ☐ changed

☐ Address:
☐ listed ☐ to update

☐ \$ Obligation

☐ Dependents:

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

☐ Passport exp: ____/____/____

☐ Phone
☐ listed ☐ to update

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

☐ Visa exp: ____/____/____
Type: _____ ☐ Multiple

☐ Email

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

☐ I-94 stamp date in file: ____/____/____
☐ copy new one

☐ Units (Full Time)
☐ Summer