

Student Name: \_\_\_\_\_  
(Last) (First)

UW Student ID #: \_\_\_\_\_ Previous/Current SEVIS ID #: N \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Gender (circle one): Male Female

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## RETURNING STUDENT I-20/DS-2019 REQUEST FORM

When will you return to the UW? \_\_\_\_\_ quarter, 20\_\_\_\_

When do you expect to complete your program? \_\_\_\_\_ quarter, 20\_\_\_\_

Are you currently studying at another institution in the U.S. in F-1 status and wish to transfer your I-20 back to UW? (circle one) Yes No

If yes, please provide the following information:

Name of institution you are transferring from: \_\_\_\_\_

SEVIS release date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year (if unknown, consult your International Student Adviser at your current institution)

### Undergraduate Students:

Were you not enrolled at UW for more than 2 consecutive quarters (not including summer)?  
(circle one) Yes No

If yes, did you already submit your Returning Student Reenrollment Application to the Registrar's Office? (circle one) Yes No

### Graduate Students:

Are you currently on leave? (circle one) Yes No

Will you return before or after the quarter start date? (circle one) Before After

If after, what is your arrival date? \_\_\_\_\_

### Will you bring a dependent child or spouse with you?

- Yes, please complete below  
 No, please proceed to reverse page

Include a copy of your dependent's passport identification page when submitting this form. If bringing more than one dependent, use a separate copy of this form for each dependent.

NOTE: the U.S. Consulate will require proof of funding for each dependent.

### Dependent Data:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Month Day Year

Gender (circle one): Male Female Relation (circle one): Spouse Child

City of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Country of permanent residency: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**Please complete reverse.**

## STATEMENT OF FINANCIAL ABILITY

Indicate the funding sources used to support you and your dependents (check all that apply):

- Personal / Family Funds.** Provide the name and address of the person providing support, and attach documentation of financial ability (such as bank statements):

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- Department Funding (RA or TA appointment).** Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the length of the appointment.

NOTE: Graduate student funding will not cover the expenses of your dependent(s). Please indicate an additional source of funding beyond your RA/TA appointment.

- Government Funding.** Attach a letter which details the source, amount, and duration of the funding.

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### How do you want to receive your new I-20?

- Standard USPS (ISS pays, no tracking available)

Your I-20/DS-2019 will be mailed to the foreign address below. Please write the address as it should appear on the envelope.

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City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

- Express Mail (you pay for it, tracking is available)

Express mail instructions: <http://iss.washington.edu/procedures/mailing-options>

- Pick up at ISS Office (for students currently in the U.S.)

I wish to designate \_\_\_\_\_ to pick up my I-20 on my behalf.  
(Full Legal Name)

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**I certify that I will be responsible for the total cost for each year of study at the University of Washington, including expenses associated with my dependents.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date (month/day/year)

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#### ESTIMATED EXPENSES FOR THE 2016-2017 ACADEMIC YEAR

Undergraduate:	9 months: \$54,792	12 months: \$73,056
Graduate, self-supported:	9 months: \$51,213	12 months: \$68,284
Graduate, University supported:	9 months: \$36,267	12 months: \$48,356
Dependent spouse:	9 months: \$8,680	12 months: \$11,573
Dependent child:	9 months: \$6,040	12 months: \$8,054

**Please allow 7-10 business days for processing.**