



INTERNATIONAL PROGRAMS REQUEST FORM

Allow at least three business days (Monday-Friday) for your request to be processed.
Some requests may require five business days or longer.

Family name: _____ First name: _____
Student ID: 940-____-_____ Email: _____@students.clark.edu
Have you changed your address? Yes No How many credits are you taking this quarter? _____
Are you registered for next quarter? Yes No If yes, how many credits? _____

What immigration benefits are you requesting?

- Travel outside the U.S. Dates of Travel: from _____ to _____
Did you bring your passport I-20 copy of current registration
- Take a vacation quarter in _____
- Transfer to another college
- Obtain a new I-20 due to: Lost I-20 Stolen I-20 Damaged I-20
 Change of Major Change of Funding Extension
- Apply for work permission Curricular Practical Training Optional Practical Training On-Campus
- Other _____

I understand that to be eligible for immigration benefits, I must be a full-time student at Clark College and follow the immigration regulations.

Student Signature _____ Date _____

-----OFFICE USE- DO NOT WRITE BELOW-----

Staff Intake and Processing of Request _____ Date submitted _____
 Pick up Email U.S. postal mail Express mail
Current I-20 completion date: _____
Passport expiration date: _____ Visa expiration date: _____
Current Clark College registration in SMS _____ Next quarter registration _____
SEVIS status Active Yes No Registered for 3 consecutive quarters Yes No
Comments _____

Name of DSO _____ Pick up/processed date _____

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