

Graduate School Reentry Approval

International Students and Scholars Office

3248 Memorial Union
Ames, IA 50011-1130
intlserv@iastate.edu

Phone 515-294-1120
Fax 515-294-8263
www.isso.iastate.edu

Please provide the following information for international graduate students who are approved to return to your department to complete a graduate program. Return the completed form to 3248 Memorial Union.

Date: _____

Student's Name: _____
Last (family) First Middle

Date of Birth: _____ Student I.D. Number: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Last Semester Enrolled at ISU: _____ Semester Reentering: _____

Nonimmigrant Document Requested: _____ I-20 (F-1) _____ DS-2019 (J-1)

Current Nonimmigrant Status (if in the U.S.): _____

Major: _____ Degree Sought: _____ Estimated Date of Completion: _____

Number of Dependents Accompanying Student (if any): _____
(Please fill out the family information for each accompanying dependent on the back of this form)

Assistantship Offered: _____ No _____ Yes, Amount _____
_____ 9 month _____ 12 month

Pace Award Offered? _____ No _____ Yes, Amount: _____

NOTE:

If no assistantship is offered, student should present documentation showing evidence of financial ability to maintain full-time status (bank statements, letter of sponsorship, etc.)

Department Signature: _____
(Signature) (Printed Name)

Telephone Number: _____ E-mail: _____

Family Information for F-2 Dependents (spouse and/or children): Please print.

Name _____
Family Name First/Given Name

Date of Birth _____
Month/Day/Year

Country of Birth _____

Country of Citizenship _____

Relationship to Student _____
Husband/Wife/Son/Daughter

Name _____
Family Name First/Given Name

Date of Birth _____
Month/Day/Year

Country of Birth _____

Country of Citizenship _____

Relationship to Student _____
Husband/Wife/Son/Daughter

Name _____
Family Name First/Given Name

Date of Birth _____
Month/Day/Year

Country of Birth _____

Country of Citizenship _____

Relationship to Student _____
Husband/Wife/Son/ Daughter

Name _____
Family Name First/Given Name

Date of Birth _____
Month/Day/Year

Country of Birth _____

Country of Citizenship _____

Relationship to Student _____
Husband/Wife/Son/Daughter