

Student Request Form

Family Name	First Name	Middle	Visa Category
GSU ID	SEVIS ID	Date of Birth (mm/dd/yy)	GSU Email Address
Phone Number	Academic Department		

Required for All Requests

1. **Course Registration** for the Most Current Term of Registration That is Open
2. Submit **Proof of Funding** for All Requests Below Unless Otherwise Specified
3. Submit Valid **Proof of Health Insurance** Each Academic Year [F-1 & J-1 Students Only]

Request [Check All That Apply] :

- Add Dependents [Complete Dependent Information on the Second Page]
- Change of Degree/Program at GSU [Meet with an OIS Advisor]
- Change of Status
 1. Meet with an OIS Advisor Before Changing your Status
 2. How Will You Change Your Status? By Mail to USCIS By Travel
- Leave of Absence [Meet with an OIS Advisor]
- Program Extension
 1. Include a Program Extension Letter from your Academic Advisor [www.govst.edu/ois]
 2. Program Extensions Can Only be Done Prior to your Current Program End Date and For One Year
- Reduced Course Load [Meet with an OIS Advisor]
- Replace Immigration Document [No Funding Required] Lost Stolen Damaged
- Social Security Letter [Include a Copy of the Job Offer Letter. No Funding Required]
- Update Funding Information
- Update Address [No Funding Required]

New Address	City	State	Zip
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- Verification Letter [No Funding Required]
- Other: _____

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Dependent Information [Complete This Information Only if You Are Bringing a Dependent]:

1. _____ Gender: Male Female
Family Name First Name

Relationship: Spouse Child Date of Birth: _____
Month/Day/Year

City of Birth Country of Birth

Country of Permanent Residence Country of Citizenship

2. _____ Gender: Male Female
Family Name First Name

Relationship: Spouse Child Date of Birth: _____
Month/Day/Year

City of Birth Country of Birth

Country of Permanent Residence Country of Citizenship

Medical Insurance Information:

All Governors State University international students in F-1 or J-1 status must maintain health insurance that meets the following minimum requirements:

1. Medical Benefits of At Least \$50,000 per Accident or Illness
2. Repatriation of Remains in the Amount of \$7,500
3. Expenses Associated with Medical Evacuation in the Amount of \$10,000
4. A Policy Deductible That Does Not Exceed \$500 per Accident or Illness

By signing this request form, I certify that I have sufficient funds to cover myself and my dependents (if any) during my stay for the request(s) indicated above. I understand that any misrepresentation of my funding information as presented on this form may result in disciplinary action against me.

Signature of Student

Date