



# International Center for Students and Scholars

## I-20 Request for Reinstatement

### To be completed by Student

Last name \_\_\_\_\_ First name \_\_\_\_\_

UB ID \_\_\_\_\_ Phone number \_\_\_\_\_

U.S. Address

(Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

Home country address: \_\_\_\_\_

Street # and Name or local part of address

\_\_\_\_\_

City

Province

Postal Code

Country

Do you have dependents in F-2 status? If so, please list: \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

### To be completed by Academic Advisor

#### Confirmation of academic program

Major: \_\_\_\_\_

Degree level: \_\_\_\_\_

Anticipated degree completion date: \_\_\_\_\_

Academic Advisor name \_\_\_\_\_ signature: \_\_\_\_\_

Date: \_\_\_\_\_