

INTERNATIONAL STUDENT INFO UPDATE FORM

LAST NAME:	AST NAME: FIRST NAME(S):						
ULID: C SEVIS ID: N00							
COUNTRY OF BIRTH:	: COUNTRY OF CITIZENSHIP:						
DATE OF BIRTH (MM/DD/YYYY):		Address change		Phone change		Email	change
LOCAL PHYSICAL ADDRESS (NO P.O. BOX)			ADDITIONAL INFORMATION				
On-campus Residence Hall Na	me or Street:		Major/Progr	am:			
On-campus Residence Hall Ro	om # or Apartment #:		Bach		Masters	Do	ctoral
City, State, Zip Code:		Cellphone Number:					
Personal Email (not @louisiar	na.edu):						
Address and phone numbe above information is correct. information changes Date:	Please contact our office	at <u>oia@ld</u>		wheneve	er any of the o		f tne
The following updates nec	-						
Change of Major/Program (Undergraduates only – Gra Please note that major chan	aduate students must co	ontact the	e Graduate S	chool.)			
Change in Funding Please note that proof of acquarantee) is required in or							<u>edu</u> .
Removal of F2 dependent: Name of dependent: Dependent received own F Death Other: Please		wn F1	Child mov	ed to s	oouse's I-20		Divorce
I-20 Damaged/Lost Damaged				Lost			
Other Please list:							

Please note that only the Graduate School or Undergraduate Admissions can issue an I-20 for change of level. Students requesting I-20s for F-2 dependents must complete the <u>Request for Dependent I-20 for F-2 Visa</u> form.