

## LOS ANGELES CITY COLLEGE INTERNATIONAL STUDENT PROGRAM

## **REINSTATEMENT REQUEST FORM**

| Student Family Name: | Student First Name: |
|----------------------|---------------------|
|                      | SEVIS ID:           |
| U.S. Street Address: | Apartment Number:   |
| City:                | State: Zip Code:    |
| Phone Number:        | _ Email Address:    |

This is to certify that I have been informed by the International Student Program at Los Angeles City College that my I-20 was terminated in SEVIS and in order to continue my studies at Los Angeles City College I must be reinstated by the U.S. Citizenship and Immigration Services (USCIS).

Please contact International Student Program Office for required documents for reinstatement.

**IMPORTANT**: A formal reinstatement request must be submitted to the USCIS <u>by the student</u>. The student should meet with an Immigration Specialist to discuss the reinstatement procedures. Student must apply to the USCIS for reinstatement <u>within 5 mont</u>hs of the termination date of the student's I-20.

| Student's Signature: | Data |  |
|----------------------|------|--|
| Student's Signature: | Date |  |
|                      |      |  |