



Office Use Only: Date Received: _____
Date Completed: _____

### I-20 Record SEVIS Reactivation Request Form

Please note that a Form I-20 record can only be reactivated if:

- Your record was terminated under 'Authorized Early Withdrawal'
- You departed the U.S. within the 15-day grace period
- You have been maintaining status until the termination date
- You are returning within 5 months of your termination date.

Please note that SEVIS Reactivation requests are only approved or denied by the Student and Exchange Visitor Program (SEVP). In order to request for reactivation, you must notify Westcliff University of your return back to the United States by submitting this form at least 30 days prior to the next start date. You will also need to ensure that you are registered to a full-course load. I-20 reactivation requests may take up to 30 days or more for SEVP to process. **Please submit this request form to [intlservices@westcliff.edu](mailto:intlservices@westcliff.edu).**

If your I-20 record reactivation request is approved, you will be notified through your Westcliff email. Please be sure to travel only when you have been notified that your SEVIS record is ACTIVE. You will need to carry the following travel document to present at the U.S. port of entry:

- I-20 with Travel Endorsement by the DSO
- Valid Passport
- Valid Visa

First Name _____ Last Name _____ Middle Initial _____	
Student I.D. _____ SEVIS ID#: _____	
Date of Birth _____ Program start date: _____	
Major: <input type="checkbox"/> DBA <input type="checkbox"/> MBA <input type="checkbox"/> MA TESOL <input type="checkbox"/> BBA <input type="checkbox"/> BAEd <input type="checkbox"/> Other: _____	
<b>Last Date of Class Attendance (MM/DD/YY)</b>	_____ / _____ / _____
<b>Departure Date from U.S. (MM/DD/YY)</b>	_____ / _____ / _____
<b>Return Date to the U.S. (MM/DD/YY)</b>	_____ / _____ / _____
<b>Return Semester of Academic Program</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Start Date: _____ / _____ / _____

*By signing this form,*

- I acknowledge that I have read the requirements regarding Form I-20 reactivation for my SEVIS record under 'Authorized Early Withdrawal.'
- I understand that I must notify and submit all of the required documents to the university ahead of time in order for SEVP to process my reactivation request.
- I also understand that approval of I-20 reactivation will be up to SEVP's discretion.
- I understand that I should not travel back to the U.S. until I have been notified that my SEVIS record has been reactivated. I acknowledge that I am responsible to report and discuss any kind of changes with the university.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_