

REINSTATEMENT FORM

Application for reinstatement for F-1 Students Enrolled at Winona State University

Important: if you have not maintained your F-1 Status, you must meet with the international advisor/DSO regarding reinstatement. Please carefully complete the following information required for processing a new I-20 for reinstatement.

Name: _		WSU ID:
	(As it appears in your passport)	
Email: _		SEVIS ID:
Major(s):	Daytime Phone:
Degree	Level:	Expected degree completion date:
Attach t	the following documentation for all reinsta	atement requests:
\(\frac{1}{2} \)	Copy of I-94 record. Copy of front and barecent I-94. Copy of new I-20 Completed I-539 form Personal Letter outlining the following:	status (if longer than 5 months, discuss with the ISSS prior to writing from circumstances beyond your control, and that failure to be reinstated p to you, ending to pursue a full course of study at Winona State University.
✓	Copy of new Financial Support Document	ts
Reason	for reinstatement (check all that apply): Failure to apply for an extension by expir Failure to change educational level (i.e. A degree.) Failure to complete transfer procedure. Failure to maintain full-time enrollment. Other:	ration date #5 of I-20. Associate's degree to Bachelor's degree or Bachelor's degree to Master's
	(To be filled in by DSO)	Initials
Date re	viewed with the DSO:	By:By:
		s is not guaranteed. Discuss your situation with the DSO.
Signatu	ro·	Nate: