

## CENTER FOR INTERNATIONAL AFFAIRS, IMMIGRATION, AND STUDY ABROAD

## REINSTATEMENT APPLICATION STUDENT'S ACKNOWLEDGEMENT OF UNDERSTANDING

## PERSONAL AND PROGRAM INFORMATION:

Date Signed

Name:	Date:		
Local Address:	1130		
Phone:	Email:		
SEVIS ID #:	Degree	Program:	
Expected Date of Graduation:			
I UNDERSTAND THE FOLLOW	ING:		
1. I am required to continue to be a f my F-1 status.	ıll-time student at Quee	ensborough and follow all the rules for	maintaining
2. I am completely responsible for w properly and track its processing thro		to fill out my reinstatement application to the contract of th	n with USCIS
3. I understand the Center will not as application.	sume any other respons	ibility than accepting my completed re	einstatement
4. I am completely responsible for primy reinstatement application.	oviding the Center with	copies of any USCIS notices I receive	e regarding
5. If I am authorized to work, I may am not eligible for employment until		nt while my application is pending. O	therwise, I
cancelled and my application fee is f	orfeit. I understand that d that I will be beginnin	S has adjudicated my application, my I will then need a new form I-20 and to my F-1 status all over again and will academic year in F-1 status again.	to pay a new
Signature		Print Name	