INTENSIVE ENGLISH LANGUAGE PROGRAM REQUEST

Family Name Given Name Date of Request

E-mail address Phone

Type of document requested : CURRENT ADDRESS REQUIRED

____ Enrollment verification ____ Driver's License letter

____ Transcript ___ Letter(s) of Recommendation for:___undergraduate___graduate

(what level(s) are you in?_____)

Other:

____ Transfer: Institution_____ Next session start date_____
(acceptance letter and transfer form required)

____ Legal break IN THE U.S.A. requested for _____ _____
session return start date

Please show a valid ID to complete this request.

I-20 REQUEST FOR:

____ Travel-dates OUTSIDE THE U.S. from_____ to _____
Are you going home? _____yes _____no

____Extension of program (**new financial statement required**)

____ Reinstatement

____ New I20 Why?_____

____ To add dependents:

_____ _____ _____
Name Date of birth Place of birth

_____ _____ _____

_____ _____ _____

New financial documentation is required for adding dependents ($5000 each).

It will take **7 to 10 business days** to process your request; **you will be notified when the letter is ready for pick up.**

_____ _____
Student signature Staff initials

GENERAL INQUIRY

Student's name: _____
Family First Middle

Or:

Visitor's name: _____
Family First Middle

Student's/visitor's phone #: _____ e-mail address: _____

Relationship to the student : _____

Reason for visit:

Documents left (if any) _____

_____
Student/visitor signature

_____ _____
Staff name Date