

Request Form

Student's Name _____
Last First Middle

Date of Birth _____ / _____ / _____ Phone Number ____ (____) _____
Month Day Year

E-mail _____

I am requesting:

- SEVIS I-20 Form
- Duplicate SEVIS I-20 Form
- Transfer Out
- Change of Major
- Extension of Program
- Signature for Travel
- Reduced Course Load
- Invitation Letter to Visit
- Graduation Invitation letter
- Social Security Introduction Letter
- On Campus Employment Authorization
- Curricular Practical Training (CPT) SEVIS I-20
- Optional Practical Training (OPT) SEVIS I-20, beginning date _____ / _____ / _____ (must be within 60 days
Month Day Year of the last day of classes)
- Other _____

For invitation letter only:

Name of Relative _____ Relationship _____ DOB _____ / _____ / _____
Last First Month Day Year

Name of Relative _____ Relationship _____ DOB _____ / _____ / _____
Last First Month Day Year

Do you wish to have your letter addressed to the U.S. Consulate? _____

If yes, in which country? _____

Signature

Date