## International Student Service Request Form

Please print clearly. Allow 3-5 business days to process request.

Last Name		First Name	Middle Name		Birthdate (MM/DD/YY)	ELAC ID #		
Talanhana					/ /			
' (				Email: @				
Physical Address:		Street		Apt. No.	City	State	Zip Code	
		☐ Yes ☐ No						
Any request cannot have any outstanding Hold								
	Verification Letter (Purpose of letter)  Part-Time Permission Letter (Must be registered in at least 9 units to request)							
(Circle One): Winter / Spring / Summer / Fall 20								
	Currently registered in online or Hybrid class? Course: Course:							
	School Name: Requesting online courses?							
Course: Course:								
Must submit proof of registering within 15 days of registration and <b>Final Grades</b> after completion.								
Family Visitation Letter (Not for 1st semester student)								
Name:, DOB: MM/DD/YY								
Relationship to you: Visit date: If applied before, list information in <i>Reason</i> below: Name, Length of time visited.								
Change Major to: (Provide Ed. Plan)								
Extend I-20 (Must provide NEW Ed. Plan and new financial verification)								
Travel Signature (Provide current Continue I-20 and airline ticket)								
Traveling Dates to to Will Will not renew visa. Must bring new I-94 and new F-1 visa to International Student Office.								
Other								
Reason / Problem (Must fill in - be specific and attach all documents):								
			_					
	Student's Signature			Date				
Pick up d	ocuments for stu	dent (Proof of ID)						
Student's Name: Document:								
	<u>-</u>				-			
	Receiver's Name		Signature				ate	
	Receiver 5 Manne				-	D	atc	
For Office Use Only:								
	oy Date: _	12 units Y / I	N Scl	nool Fee	Paid/not Paid 🔲 V	isa Nee	d/not Need	
Intermediated Charlest Office								