

### 1. Student Information

\*\*\*Please write clearly\*\*\*

Family Name:		Given Name:	
Student ID#:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Cell #:	Date of Birth: MM/DD/YYYY
E-mail:	Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1	Are you on OPT?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US address:		Apartment number:	
City:	State:	Zip Code:	
Major:			
Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> ELP <input type="checkbox"/> Study Abroad in the USA			

**\*Documents will be ready after 12pm on the 5th business day of your request.\***

### 2. Reason for Request

<input type="checkbox"/> Travel Signature <b>*Must turn in current I-20/DS-2019</b> Are you traveling? <input type="checkbox"/> Yes <input type="checkbox"/> No *We will include a travel signature if you are traveling <u>outside of the U.S. in the near future.</u>	<input type="checkbox"/> Program Extension *If you need more time to graduate, <b>you need to include a letter from your academic advisor (ELP/SAUSA excluded)</b>
<input type="checkbox"/> Emergency Travel Date of Departure: _____ *Include a copy of your flight ticket MM/DD/YYYY	<input type="checkbox"/> Add a second major/minor: (Update record first, UH171) _____
<input type="checkbox"/> Change of Major/Concentration <b>*If you are currently in ELP and are enrolling into SA in the USA, you must submit an updated bank statement</b> Previous: _____ New: _____	<input type="checkbox"/> Damaged <input type="checkbox"/> Lost *We will determine if a new I-20 is necessary, <b>attach your current I-20</b>
<input type="checkbox"/> Other (please explain): _____	

### 3. Pick Up Method

- I will pick up my document at CISP
- Mail via eShipGlobal
- Mail via regular mail

4. Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

### Office Use Only:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Current enrollment : \_\_\_\_\_ units

Address :  Same  Needs Update Health Insurance expires: \_\_\_\_\_ GPA: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

DSO Use:

SEVIS REGISTRATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 MM/DD/YYYY