

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 and letter (if any):	
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. Purpose of Letter			
<input type="checkbox"/> Regular Includes: *Level *Major *Degree *Units Enrolled *Status	<input type="checkbox"/> Specification of Classes *PAWS report must be attached to this form	<input type="checkbox"/> Graduation Date *Graduate check must be completed first	<input type="checkbox"/> Tuition Payment __ Already Paid __ Upcoming Payments How many quarters: _____
<input type="checkbox"/> Visa	<input type="checkbox"/> Family Invite *Family Information Form must be completed	<input type="checkbox"/> Social Security Letter *Job offer letter must be included	<input type="checkbox"/> New Acceptance Letter Initial Major: _____ New Major: _____
<input type="checkbox"/> Other: (please explain)			

3. Pick Up Method

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

4. Signature: _____	Today's date: _____
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Office Use Only:	Completed by: _____ Date: _____
Current enrollment : _____ units	
Address : Same Needs Update Health Insurance expires: _____	
Comments: _____	
<div style="float: right; border: 1px solid black; padding: 2px;"> DSO Use: SEVIS REGISTRATION: _____ DATE: _____ MM/DD/YYYY </div>	