

Letter Request

International students who need to have a letter written on their behalf must fill out and submit this form to the Office of International Education and Development in Maaske Hall. If there are unique circumstances surrounding your request, please make an appointment with an International Student Advisor to explain the details. **Please allow at least two business days processing for all letter requests.**

** Note: If you need a letter stating when you will graduate or how many credits you need to graduate, the OIED cannot do that. For this letter go to the Registrar's Office in the administration building.*

Name: _____ Student ID: V _____
(Last/Family Name) (First Name)

Mailing Address: _____
(Street, Apartment, or P.O. Box) (City) (State) (ZIP Code)

Phone Number: _____ E-mail Address: _____

Visa: F-1 J-1 Gender: Male Female Academic Major: _____

Level: Undergrad Graduate Post-Baccalaureate Visiting Scholar

How many copies of the letter printed? _____

Where to send the letter?

Pick up at Maaske Hall **OR** Send to: _____
(Complete Mailing Address)

I would like my friend _____ to pick up my letter.
(Last/Family Name) (First Name)

Type of Letter (Check all the applies):

- | | |
|--|--|
| <input type="checkbox"/> Family Invitation Letter | <input type="checkbox"/> Graduation Verification Letter |
| <input type="checkbox"/> Verification of Student Immigration Status Letter | <input type="checkbox"/> Verification of Address Letter |
| <input type="checkbox"/> Verification of Enrollment Letter | <input type="checkbox"/> Other Letter (please explain below) |

Please include the following details in the letter (check the box).

- | | |
|--|---|
| <input type="checkbox"/> Grade Point Average (GPA) | <input type="checkbox"/> Other Details: _____ |
| <input type="checkbox"/> Academic Standing | _____ |
| <input type="checkbox"/> Major or Program of Study | _____ |
| <input type="checkbox"/> Immigration Status | _____ |
| <input type="checkbox"/> Address | _____ |
| <input type="checkbox"/> Number of credits taking | _____ |
| <input type="checkbox"/> Start/end date of terms | _____ |
| <input type="checkbox"/> Concurrent Enrollment at another university | |