International/Exchange Student Request Form

Date: ____________________
Name: __________________________________________________________

☐ International Student  ☐ Exchange Student  ☐ Faculty

ID#: _______________________

Major: _______________________

Degree Level:  UG ____  GR ____  IELP ____

Telephone #: ______________________________________

CCSU Email: ____________________________________________

Please circle the request/s needed:

1. Form I-20
2. Form DS-2019
3. On/Off Campus Employment
4. Transfer
5. Change of Status to F-1
6. DMV/Social Security Office Verification Letter
7. Employment Verification Form (only required when applying for a SS number)
8. On-Campus Work Authorization Letter
9. CPT appointment (Curricular Practical Training)
10. Academic Concerns
11. Reinstatement
12. Faculty H-1B

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attached Documents:  ☐ Yes  ☐ No  If “Yes” Please Specify:
________________________________________________________________________

Office use only:

Request completed: ________________  Date: ________________
Need additional data: ______________________________________
Request not complete due to: ______________________________________

** Please submit all your documents for processing two weeks in advance. **