

# *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:**

- Form I-20
- Form DS-2019
- Off Campus Employment
- On-Campus Work Authorization Letter
- Transfer
- Change of Status to F-1
- Reinstatement
- DMV/Social Security Office Verification Letter
- Academic Concerns
- Employment Verification Form (only required when applying for a SS number)
- Faculty H-1B

Comments:

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Attached Documents:     Yes     No    If "Yes" Please Specify:

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**Office use only:**

Request completed: \_\_\_\_\_    Date: \_\_\_\_\_

Need additional data: \_\_\_\_\_

Request not complete due to: \_\_\_\_\_

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