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. Off Campus Employment
4. On-Campus Work Authorization Letter
5. Transfer
6. Change of Status to F-1
7. Reinstatement
8. DMV/Social Security Office Verification Letter
9. Academic Concerns
10. Employment Verification Form (only required when applying for a SS number)
11. 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. **