International Student/Faculty Request Form

Date: _____

Name: _____

☐ International 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:

_____

_____

_____

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**. ****