

# *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 s SS number)
8. On-Campus Work Authorization Letter
9. CPT appointment (Curricular Practical Training)
10. Academic Concerns
11. Reinstatement
12. 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. \*\***