

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. ****