



Today's Date: _____

Date Needed: _____

Information & Appointment Request Form

Name: _____
Last (Family Name) First (Given Name) Middle

SCSU ID#: _____

Major: _____

Status: [] Undergraduate [] Graduate

Email: _____

Cell Phone: _____ - _____ - _____

PLEASE SELECT YOUR REQUEST:

- [] Program Extension
[] Optional Practical Training (OPT) Appointment
[] Curricular Practical Training (CPT) Appointment
[] Change of Status (COS) Appointment
[] I-20 for Travel (Please allow one week)
[] Reinstatement Form
[] Social Security Verification Letter
[] Department of Motor Vehicles (DMV) Verification Letter
[] Invitation Letter for Family to Attend Graduation or Visit (Complete section below)
[] Other: _____

Please provide names for graduate visitation letters:

Name: _____
Last (Family Name) First (Given Name) Middle

Relationship: _____

Country of Citizenship: _____

Name: _____
Last (Family Name) First (Given Name) Middle

Relationship: _____

Country of Citizenship: _____

Name: _____
Last (Family Name) First (Given Name) Middle

Relationship: _____

Country of Citizenship: _____

Name: _____
Last (Family Name) First (Given Name) Middle

Relationship: _____

Country of Citizenship: _____

For office use only

Request Completed: [] Yes [] No

Date: _____

Need additional data: _____

Cannot be completed: _____