



Southern Connecticut
State University

OFFICE OF INTERNATIONAL EDUCATION

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: _____