



Office of Student Affairs
205 Patton Hall
Normal, Alabama 35762
(256) 372-5233 Office
www.aamu.edu

International Student Service Request Form

(Please Print)

Date of Request: _____ Student ID/A: _____

Name _____
First Middle Family or Last Name

Date of Birth _____ Sex _____ Male _____ Female
MM/DD/YYYY

Email Address _____ Telephone Number _____

Country of Citizenship _____ Country of Birth _____

Service(s) Requested:

___ **I-20 REQUEST**

Please complete and attach I-20 Request Form

___ **UPDATE INFORMATION IN SEVIS**

Please complete and attach SEVIS INFORMATION UPDATE FORM.

___ **CPT / OPT** – Specify _____

Please complete and attach Request for Curricular Practical Training Authorization; or

Please complete and attach appropriate OPT Application Cover (Pre-or Post-Completion)

___ **TRAVEL AUTHORIZATION** – Travel dates _____

___ **LETTER OF GOOD STANDING** – Please provide reason _____

FAMILY VISIT SUPPORT LETTER

Reason for visit: _____

- For each family member, please complete the following (use separate paper if needed):

| | | |
|--------------------------|------------------|--|
| First Name | Middle | Family Name/Last Name in Capital Letters |
| Date of Birth | Sex | Male Female |
| MM/DD/YYYY | | |
| Country of Citizenship | Country of Birth | |
| Passport Number | Visa Number | |
| Relationship to student: | | Reason for Visit: |

| | | |
|--------------------------|------------------|--|
| First Name | Middle | Family Name/Last Name in Capital Letters |
| Date of Birth | Sex | Male Female |
| MM/DD/YYYY | | |
| Country of Citizenship | Country of Birth | |
| Passport Number | Visa Number | |
| Relationship to student: | | Reason for Visit: |

| | | |
|--------------------------|------------------|--|
| First Name | Middle | Family Name/Last Name in Capital Letters |
| Date of Birth | Sex | Male Female |
| MM/DD/YYYY | | |
| Country of Citizenship | Country of Birth | |
| Passport Number | Visa Number | |
| Relationship to student: | | Reason for Visit: |

- Documentation to include with request for Family Visit Support Letter:
 1. Copy of current I-20

____ **OTHER** – Please specify.

Signature _____

Please allow 7 to 10 business days for all requests to be completed.