INTERNATIONAL STUDENT SERVICES
DIVISION OF STUDENT AFFAIRS
C.W. POST CAMPUS
LONG ISLAND UNIVERSITY

INTERNATIONAL STUDENT SERVICES REQUEST FORM

➢ ***Please fill in the following information:***

_____ _____ _____
Family Name First Name Middle Name

_____ _____
Student ID # Social Security Number

Graduate: _____ Undergraduate: _____ ESL_____ _____
Major

Date expected to complete studies: ___/___/_____ Number of credits registered for current semester: _____

Address in US: _____ City: _____ State: ____ Zip Code: _____

Telephone #: _____ E-mail:_____

If the above information has changed please indicate by checking *change of address* below.

➢ ***Please check off which letter or service you are applying for:***

___ Change of ☐ address ☐ e-mail ☐ phone number

___ Work Authorization (must have a job offer; must be requested each semester you are working)
(YOU MUST BE REGISTERED FULL TIME FOR CLASSES; IF NOT LETTER REQUEST WILL BE DENIED)

___ Social Security Card Request (be sure to attach original, completed employer letter from employer)

___ Military Full-time status letter: ☐ Fall ☐ Spring ☐ Summer Year _____
(ALL OTHER FULL TIME LETTERS NEED TO BE REQUESTED AT THE REGISTRAR'S OFFICE)

___ Visa Renewal Support Letter (indicate embassy/consulate where you apply) _____

___ Other:_____

➢ ***If requesting a letter, please check off how you would like to receive above request:***

_____ Pick-up from ISS Office (letters will be ready within two business day unless you are told otherwise)
_____ Mail to above address
_____ Mail to a different address: _____
_____

➢ ***SIGNATURE & DATE REQUIRED***

_____ _____
Signature **Date**