Salem STATE UNIVERSITY

Letter of Invitation Request Form

First Name: Please capitalize and PRINT letters (one letter per box).

Family Name: Please capitalize and PRINT letters (one letter per box).

Country: _____ Phone Number: _____

Email: _____ ☐ F-1 Student ☐ Not F-1 Student

Reason for visit:

☐ **Graduation** Date of Graduation: _____

☐ Undergraduate Program Major: _____

☐ Masters Program Major: _____

☐ **General visit/Tourism**

Duration of visit from:_____to: _____

Invitees Information:

Embassy Issuing the Visas: Country: _____ City: _____

1. **Invitee Name (Please Print):**

(First Name) (Last Name)

Source of Funding: _____

2. **Invitee Name (Invitee Name (Please Print):**

(First Name) (Last Name)

Source of Funding: _____

3. **Invitee Name (Please Print):**

(First Name) (Last Name)

Source of Funding: _____

4. **Invitee Name (Please Print):**

(First Name) (Last Name)

Source of Funding: _____

Date: _____ Student Signature*: _____

* Please note, by signing this form you confirm that all parts are filled out correctly. If any information is missing or not readable, the CIE will not be able to issue this letter. Please allow 2 business days for the letter to be issued.