



Visa Support Letter Request Form

PERSONAL INFORMATION

| | |
|-------------------------|-----------------------|
| _____ Last Name | _____ First Name |
| _____ SS# / ID# | _____ N SEVIS # |
| _____ E-mail Address | |
| _____ Home Phone # | _____ Cell Phone # |

VI SA REQUEST I NFORMATION

I will complete or have completed my studies on: _____
Date

I am currently on OPT and will complete it on: _____
Date

I will participate in the graduation ceremony on: _____
Date

I would like to invite the following to my graduation ceremony:

REQUEST 1:

| | |
|-----------------------------|---------------------------------------|
| _____ Last Name | _____ First Name |
| _____ Relationship to me | _____ Date of Birth (mm/ dd/ yyyy) |

REQUEST 2:

| | |
|-----------------------------|---------------------------------------|
| _____ Last Name | _____ First Name |
| _____ Relationship to me | _____ Date of Birth (mm/ dd/ yyyy) |

REQUEST 3:

| | |
|-----------------------------|---------------------------------------|
| _____ Last Name | _____ First Name |
| _____ Relationship to me | _____ Date of Birth (mm/ dd/ yyyy) |

They will apply for a visa at the following: Embassy Consulate

City/ Province/ Country

I MUST include the following documents with this request:

- Certificate of Completion Form (completed and signed by advisor)
- Passport copies for **each** of my requests



**CERTIFICATION OF COMPLETION OF STUDIES
Visa Support Letter**

TO BE COMPLETED BY STUDENT

Student's Name _____
Last Name First Name Middle Name

Major _____ Degree Level _____

C.W. Post ID# _____ Social Security # _ _ _ - _ _ - _ _ _

TO BE COMPLETED BY ACADEMIC ADVISOR

(Please return form to student)

This student is requesting a letter of support from ISS to invite relatives/ friends to their graduation ceremony. Please provide the information below as best you can.

Degree Expected: Doctorate Graduate Undergraduate Other _____

Major field of Study: _____

When will/has this student complete/d their studies at CW Post (mm/dd/yyyy)? ____/____/____

Please be specific with additional comments: _____

Advisor's Name (Print) _____ Ext. _____ Date _____

By signing below, I certify that the information above is true and accurate. I am aware that any questions regarding this form should be directed to International Student Services, (516) 299 – 1451, prior to signing the form.

Signature _____ Dept. _____

Please return this original form to International Student Services, Post Hall.