

Office of International Programs

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Request Form - Students

Name:			
Family Name	Given	Name	Visa Type
Program level and area	of study	_	DOB
University ID Number: Male Female		E-Mail Addre	ess:
This is a request for:			
For graduation?	Yes If yes, pleas No	to temporarily visit the e list month and year of h person that would	
financial support) CADIVI Please I Other (please spec	endent to the I-20/D list CADIVI # cify)		evidence of sufficient tay, please complete the
following:	my members to vis	it of dependents to st	ay, piease complete the
NAME (family,given)	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH
Signature:		Date:	
For office use only:	Hours enrolled th Passport valid	is semesterC	Current status