QC INTERNATIONAL STUDENTS AND SCHOLARS OFFICE

For Office Use Only:					
Pickup Date:					
Mail Date:					

LETTER REQUEST FORM: All requests will be processed within 5 working days.

Date:		I.D. #:	Undergraduate	Graduate	Other		
Mr.	Mrs.	Ms					
,		First Name	Middle Name		Last Name		
Address:	:						
	Stre			Apt#			
		City	State		Zip		
Phone #:	·	E-mail:					
Date of y	our first	semester at Queens College:	Fall	Spring	20		
Date of y	our mos	t recent attendance at Queens College:	Fall	Spring	20		
Major: _			Expected Date of Q	C Graduation	:		
Country	Country of Birth: Date of Birth:						
Father's	Name: _		Mother's Name:				
Sevis Nu	mber:				•		
Please indicate your request below, fill in necessary information and attach any related documents:							
[] Le	tter Sta	nting Full-Time Status <u>Only</u> .					
[] Letter Stating Tuition, Living Expenses and Full Time Status.							
[] Le	tter Inv	viting Family to the United States	S. (Letter is not needed to	for spouse/chil	dren on F-2 or J-2 Visas.)		
[] Letter Inviting Family to the United States. (Letter is not needed for spouse/children on F-2 or J-2 Visas.)							
[] Letter Inviting Family to the United States to attend the Graduation Ceremony.							
First Na	ame	Middle Name	Last Name		Relationship		
		Mally V	L AN				
First Na	ате	Middle Name	Last Name		Relationship		
First Na	ame	Middle Name	Last Name		Relationship		
First Na	ame	Middle Name	Last Name		Relationship		
Other	r Dogu	est(s):			<u>-</u>		
Julei	ı veda	cou(s)					