

QC International Students And Scholars Office

Letter Request Form: All Requests Will Be Processed Within 10 Working Days.

Date	CUNY ID:		SEVIS:
Student Information	1		
Student Name			
First Na	me	Middle Name	Last Name
Country of Birth:		Date of Birth:	
Phone #:	E-mail:		
Academic Informati	on — Select the one t	hat applies	
Program Level:			
Date if your first semeste	er at Queens College:		
Semester:		Year:	Other
Date of your last/ recent	semester at Queens (College: Semester	Year
Delivery option:			
Select vour request h	pelow, fill in necess	sary information and	attach any related documents:
I am requesting a:	,,		
First Name	Middle Name	Last Name	Relationship
First Name	Middle Name	Last Name	Relationship
First Name	Middle Name	Last Name	Relationship
First Name	Middle Name	Last Name	Relationship
Sincerely, INTERNATIONAL STU	DENTS AND SCHOLA	ARS OFFICE	

ISS@QC.CUNY.EDU