

EAP VISA LETTER REQUEST FORM

ATTENTION: This letter is solely for the purpose of applying for your Visa/Residence permit.

A. Student Information

Last Name

First Name

Perm Number

Address (include apartment number)

E-mail Address

City

State

ZIP Code

Phone Number (include area code)

B. EAP Program Information

Host University/Program

Host Country

Period of Attendance: Fall Winter Spring Summer Academic Year

Estimated Program Dates: Start _____ End _____

C. Method of Delivery

Mail to the address provided above

Mail to the following address: _____

Please email this completed request to finaideap@sa.ucsb.edu.

Due to COVID-19, all visa letters will be sent via postal mail to the provided address.

Our office will try to mail out letters within 5 business of receiving a request. Please allow for extra processing time due to current restrictions.

Please sign after reading: I understand that the letter I'm requesting is not my Financial Aid Award Letter. I have submitted my FAFSA/CADAA and am a financial aid recipient. I understand that award letters will be available approximately 30 days before the start of my program and may include grants/scholarships and loans.

Student's Signature: _____ **Date:** _____

Completed by: _____ **Date:** _____