

Date Received:	
Logged in by:	
Evaluated by:	
Evaluated on:	

EAP VISA LETTER REQUEST FORM

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	Host Country			
Period of Attendance:				
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Academic Year
Does this program include an ILP?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Estimated Program Dates: Start _____ End _____				

C. Method of Delivery

Hold at the front desk for pick-up

Mail to the address provided above

Mail to the following address:

Please allow 3 days for processing

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

Completed by: _____ **Date:** _____

