

## 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

**Does this program include an ILP?**       Yes       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:** \_\_\_\_\_