Status Letter Request Form

If the University of Missouri–St. Louis issued your I-20 or DS-2019 and you have been maintaining good status (F-1, F-2, J-1, J-2), we can issue a letter of status to you for your driver's license application or for use with other agencies that require verification of maintenance of status. To request this letter, please fill out this request form completely and turn it in to the front desk in 261 MSC or submit it via email to the appropriate advisor. This form should be filled out by the principal status holder (i.e. the person in F-1, or J-1 status). Be sure to submit this letter promptly as it will only be valid for a specified period of time (15-30 days depending on the agency).

Today's Date: ____________________________

Name: ___________________________________________ Student Number: __________________

Email: ___________________________________________ Phone Number: __________________

Visa Status:  □ F-1  □ J-1  Current Program Level:  □ Undergraduate  □ Graduate  □ Doctoral  □ Scholar

Degree Program/Major: ___________________________ Current Enrollment: ___________________________

Expiry Date: ___________________________ I-20 or DS-2019 End Date: ___________________________

Are you currently on a period of post-completion work authorization?  □ Yes  □ No (If 'yes' mark the appropriate box below)

□ Academic Training  □ OPT  □ 17-month OPT Extension  □ Cap-Gap OPT Extension

□ Grace period following post-completion work authorization

This letter will be used for:  □ Driver's License  □ Missouri State ID card  □ Other: ___________________________

This letter is for:  □ Student or Scholar only  □ Dependent(s) only (please complete the section below)

Below, please fill in the name(s) of any dependent(s) who require this letter:

Dependent Name: ___________________________________________

Family/Last Name    Given/First Name(s)

Dependent Name: ___________________________________________

Family/Last Name    Given/First Name(s)

Dependent Name: ___________________________________________

Family/Last Name    Given/First Name(s)

Dependent Name: ___________________________________________

Family/Last Name    Given/First Name(s)

For Office Use Only

Student in Good Standing?  □ Yes  □ No  Date completed: ___________________________  Initials: ___________________________

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