Immigration Document Request for a New Program

Your Name: _____ , _____
Family/Last Name Given/First Name(s)

Student Number: _____ Today's Date: _____

Email Address: _____ Your Visa Status: ☐
please print clearly select one

Current Degree Program/Major: _____

Current Level: ☐
select one

Future Degree Program/Major: _____

Future Level: ☐
select one

Country of Birth: _____ Citizenship: _____

Will you be traveling outside of the United States soon? ☐
select one

If yes, where?: _____

If yes, when does your visa expire? _____

If you have dependents, please list their names and relationships to you below:

_____ _____

_____ _____

_____ _____

_____ _____

Note: additional annual funds of $4000 for a spouse and $3500 per child must be shown (for one semester only, $2000 and $1750 respectively must be shown).

For use by OISSS staff only

Hold(s)? _____ Current enrollment: _____

Periods of RCL? _____

Date completed: _____ Signature: _____