



**International Student & Scholar Services**

362 Social Sciences Building (SSB)  
One University Boulevard  
St. Louis, Missouri 63121  
Phone: 314.516.5229  
Fax: 314.516.5636  
Email: iss@umsl.edu

**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 362 SSB or submit it via email to iss@umsl.edu. 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 ID Number: \_\_\_\_\_  
Family/Last Name Given/First Name(s)

UMSL Email: \_\_\_\_\_@mail.umsl.edu Phone Number: \_\_\_\_\_  
Please PRINT CLEARLY

Local Address: \_\_\_\_\_

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

Degree Program/Major: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_  
(number of credit hours you are taking)

Expected Program Completion Date: \_\_\_\_\_ I-20 or DS-2019 End Date: \_\_\_\_\_  
(mm/dd/yyyy)

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: (select one)  Driver’s License  Missouri State ID card  Other: \_\_\_\_\_

This letter is for: (select one)  Student or Scholar only  Dependent(s) only (please complete the section below)  Both (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**

Current Enrollment: \_\_\_\_\_ Enrollment History: \_\_\_\_\_

Periods of RCL? \_\_\_\_\_ Hold(s)? \_\_\_\_\_

Comments: \_\_\_\_\_

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_