

UTAH VALLEY UNIVERSITY

Date _____

Name _____

First

Middle

Last

UVUID _____ Home Country _____

Phone _____ Sex: Male Female

Local Address _____

Apt#

City

Zip Code

UVU Program of Study: Associate's Bachelor's Marter's

Major _____ Credit Hours This Semester _____

Began Studies' Date _____ Graduation's Date _____

Type of Letter: _____ **Number of Copies:** _____

Taking classes in another university.

Inviting family member(s) – Fill out below (use second page if needed). Use complete legal names.

First Name _____ Last _____ Relationship _____ Sex _____

First Name _____ Last _____ Relationship _____ Sex _____

First Name _____ Last _____ Relationship _____ Sex _____

First Name _____ Last _____ Relationship _____ Sex _____

First Name _____ Last _____ Relationship _____ Sex _____

First Name _____ Last _____ Relationship _____ Sex _____

US Consulate in your country and complete address _____

Semester: Spring Summer Fall

Other reasons for Requesting a Certification Document _____

FOR OFFICE USE:

Received by: _____

Attached request to student's file

Logged in the Work to be Done/I-20s to be signed Log Book

Processed by: _____ Date: _____

SPAIDEN's address matches Utah address above.

Check file for anything indicating problems with status.

Passport Expiration: _____

I-20 Expiration: _____

Received

First_____Last_____Relationship_____Sex_____

First_____Last_____Relationship_____Sex_____

First_____Last_____Relationship_____Sex_____

First_____Last_____Relationship_____Sex_____