UVU INTERNATIONAL STUDENT SERVICES

UTAH VALLEY UNIVERSITY

REQUEST LETTER OF CERTIFICATION

LC 312 | ISS@uvu.edu

Date _____

Name _____
First Middle Last

UVU ID _____

Phone _____ UVU Program of Study: ☐ Associate ☐ Bachelor ☐ Masters

Local Address _____
Apt# City Zip Code

Major _____ Credit Hours This Semester _____

Began Studies' Date_____ Graduation's Date _____

Type of Letter: **Number of copies:** _____ **Semester:** _____

☐ Taking classes in another university.

Class or classes _____

College's Name and Address_____

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

Address of the US Embassy/Consulate in your country _____

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

Other reasons for Requesting a Certification Document _____

FOR OFFICE USE:	Received
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:_____	

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

First Name _____ Last Name: _____ Relationship_____

First_____Last_____Relationship_____Sex_

First_____Last_____Relationship_____Sex_

First_____Last_____Relationship_____Sex_

First_____Last_____Relationship_____Sex___