



## LETTER REQUEST FORM

Please print clearly. An incomplete request form cannot be processed. **It will take approximately 5 working days to process this request.**

Name \_\_\_\_\_  
Last (Family) First Middle

CSUCI ID \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship \_\_\_\_\_ Enrolled in \_\_\_\_\_ units in current semester/quarter

Degree/Major \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Address (U.S. or Home Country):  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check ALL that apply:

☐ Expense Letter for: Annual or Semester

Specify the type of fees you want included: \_\_\_\_\_

☐ Permission to take classes concurrently at another school

Name of school: \_\_\_\_\_

Semester/Session: \_\_\_\_\_

Course(s) you plan to take at that school: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ I will pick up ☐ \_\_\_\_\_ will pick up

☐ Mail (please provide a self-addressed envelope) ☐ Email letter to: \_\_\_\_\_

I certify that the information I have supplied is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only:

Letter issued on: \_\_\_\_\_ Mailed on: \_\_\_\_\_ Picked up on: \_\_\_\_\_ Initials: \_\_\_\_\_