

Section 1 (to be completed by requester)

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Name: \_\_\_\_\_

PUID: \_\_\_\_\_

Email: \_\_\_\_\_

(YOU WILL BE NOTIFIED BY EMAIL WHEN LETTER IS READY TO BE PICKED UP)

Position:

½ RA

¼ RA

½ TA

¼ TA

Purpose of Letter:

Travel

Work Extension

Visa Renewal

I-20 Renewal

DS-2019 Renewal

Other: \_\_\_\_\_

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

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

Section 2 (to be completed by supporting Professor)

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Name of Supporting Professor: \_\_\_\_\_

Support Period End Date: \_\_\_\_\_

Source of Funding: \_\_\_\_\_

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

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