

INTERNATIONAL STUDENT SPECIAL REQUEST

Name:	Date:
Current Address:	
E-mail Address:	
Phone:	Student ID:
Major:	Expected Graduation Date:

Please check the special request you are seeking:

Travel

Estimate date of departure: _____ Estimate date of return: _____

Where are you going? _____

Social Security Request – Please note that a letter will be given only if there is a pending employment.

On campus employment

Other _____

Verification of Enrollment

For what semester and the reason you need it: _____

Request to maintain less than 12 units

Medical illness--*must have doctor's verification of medical illness.*

Initial difficulty with the English language or American teaching methods--*must have instructor's recommendation. See counselor for form.*

Improper course placement

Graduation semester (Must file petition to graduate and complete class registration)

Concurrent enrollment (Please fill out the section below)

Concurrent Enrollment - You must have permission from academic counselor

What school are you planning to attend? _____

How many units are you planning to take? _____ Fall 20__ Spring 20__ Summer 20__

Transfer to another school - Please attach the transfer form from the school that you are transferring to.

Name of school you plan to transfer? _____

What is your estimated last semester at MiraCosta? Fall 20__ Spring 20__ Summer 20__

Give us a specific date you need your SEVIS I-20 released to the new school? _____

NOTE: Your SEVIS I-20 can be released to **only one school**. IIP will transfer your record to the new school only when you provide us your acceptance letter from the new school and maintain a fulltime enrollment at MiraCosta College. If you change your plans for transferring to the school written above, you must report to IIP in writing no later than the last date of your attendance at MiraCosta.

Other request (Please specify): _____

Student Signature _____

Official Use Only

Approved Denied : _____ Date: _____

Signature

Reasons: _____