

## 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: \_\_\_\_\_