



*Office of International Programs*  
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University, Mississippi 38677  
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## Request Form-Students

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

University ID Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth

E-Mail Address: \_\_\_\_\_

Program level and area of study: \_\_\_\_\_

### **This is a request for:**

\_\_\_\_ Invitation letter for a family member to temporarily visit the U.S. **\*Please provide a passport copy of each person that would like an invitation letter\***

For graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list semester of completion \_\_\_\_\_

\_\_\_\_ Letter for travel outside the U.S.

\_\_\_\_ Addition of a dependent to the I-20/DS-2019 (must provide evidence of sufficient financial support)

\_\_\_\_ CADIVI

\_\_\_\_ Other (please specify) \_\_\_\_\_

**If you are inviting family members to visit or dependents to stay, please complete the following:**

NAME (Last, First)    RELATIONSHIP    DATE OF BIRTH    PLACE OF BIRTH

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

Your document will be ready within three business days of submission of this form.

**For office use only:** \_\_\_\_\_ Hours enrolled this semester \_\_\_\_\_ Current status \_\_\_\_\_ Passport valid