

Office of International Programs
331 Martindale
University, MS 38677
Phone: (662) 915-7404
Fax: (662) 915-7486
E-mail: ipdept@olemiss.edu



Request Form

Name: _____
First Name Last Name

Student ID Number: _____ SEVIS ID Number: _____

Email address: _____ Visa Type: _____

Department: _____ Gender: Male Female

Program Level: Bachelor's Master's Ph.D.

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 graduation date: _____
Month Year

Letter for travel outside the U.S. For CADIVI? Please list CADIVI #: _____

Addition of a dependent to the I-20 or DS-2019

** Please provide evidence of sufficient financial support and a passport copy of each person to be added*

Other: _____

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

Last Name (Family Name)	First Name (Given Name)	Relationship	Date of Birth (MM/DD/YYYY)	Place of Birth (City, Country)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature: _____ Date: _____