



REQUEST FOR A LETTER

(Please note that letters to support visa applications are done by the Office of Student Development & Services)

TITLE: () Mr. () Miss () Ms. () Mrs. NAME: _____

USC ID# _____ CURRENT PHONE# _____

CAMPUS/SITE: () Main () South () Tobago () Antigua () Barbados () Guyana () St. Lucia

IF MAIN CAMPUS, Select Residence Status: () Trinidad & Tobago National/Legal Resident () Foreign Student

EMAIL ADDRESS _____ HOME ADDRESS _____

PROGRAM/DEGREE: () ESL () AA () AS () BA () BBA () BS () B.Ed () Post-Graduate Diploma
() MAPTh () MA () MBA () MS () PhD

MAJOR: _____ EMPHASIS: _____

2ND MAJOR: _____ MINOR/S: _____

ADDRESSEE:

- To Whom It May Concern
- Medical Insurance Company (List below)
- Financial Institution (List below)
- G.A.T.E. Division
- Other (List Below)

Address: _____

I hereby request a letter stating: [Please check the relevant box/es below]

- That I am a full/part time student
- That I **was** enrolled during a specific calendar or school year: _____ (Please indicate)
- The number of years or semesters I have already completed and number of years or semesters I have left to complete my program [**Attach Approved transfer credits, if applicable**]
- My grade point average (GPA) as verified by my Check Sheet Preparer _____
- The courses for which I registered in the current semester (include days and times of classes)
- The month and year that I began my program _____
- That I permanently withdrew from the University
- That I temporarily withdrew from the University. [To include my new governing bulletin (if absent for two or more consecutive semesters); courses applicable to bulletin highlighted on transcript; number of remaining credits and expected date of completion]
- That I have changed my program of study (To include number of credits required for new program; credits completed under 1st degree that are transferable to new program; courses applicable to bulletin highlighted on transcript; number of remaining credits and grade point average). [**Attach Approved Change of Program**]
- Other: _____

By placing my signature below I am hereby authorizing the Registrar's Office to release the information checked above to the person(s)/institution(s) stated. I understand that letters take a minimum of 10 working days to process.

Student's Signature

Date

I will Collect Letter Please mail letter to me / organization identified above

I authorize the following person to collect on my behalf _____