

GOOD STANDING LETTER REQUEST FORM

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES
800.684.2890 (phone)
international@thechicagoschool.edu

Part 1: Student Information

LAST NAME: _____ STUDENT ID#: _____

FIRST NAME: _____ MIDDLE NAME: _____

TCSP E-MAIL: _____ PHONE #: _____ LOCATION: _____

DEGREE LEVEL: _____ PROGRAM: _____ SEVIS ID#: N _____

DATE OF BIRTH DAY: _____ MONTH: _____ YEAR: _____

VISA TYPE: F-1 J-1 OTHER: _____

Part 2: Dependent Information (Complete only if your spouse/child is seeking a good standing letter)

FAMILY NAME: _____ SEVIS ID#: N _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH DAY: _____ MONTH: _____ YEAR: _____

VISA TYPE: F-2 J-2 OTHER: _____

STUDENT SIGNATURE: _____ DATE: _____

Please allow a minimum of 2 weeks processing time.