



SERVICE REQUEST FORM

STUDENT NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER OR STUDENT ID NUMBER: _____

Please select the type of service you request from the International Student Program and return the completed form to the International Student Counselor or to the International Student Program Assistant.

STUDENT'S SIGNATURE _____ DATE _____

I request the following type of service from Skyline College International Student Program.

- New I-20 Form.
- Signature on I-20 for Travel.
- Major Change.
- Address or Phone Number Change (will also need to fill out A&R's Change of Address/Phone number Form).
- OPT/CPT-Packet.
- Transfer Form.
- Other. (Please explain): _____

OFFICE USE ONLY
ActionTaken:

Signature:

Date:
