



Millersville University
WARFEL CENTER
FOR INTERNATIONAL
PROGRAMS & SERVICES

LETTER REQUEST FORM

This form is for Millersville University international students with F-1 or J-1 status. Complete this form and submit it at the Warfel Center for International Programs and Services (IPS) to request a letter confirmation for your enrollment.

Please allow one week for processing.

First Name, Middle Initial		Last Name		Millersville Email	
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Student ID Number		Telephone
Current Address (Full Street Address, City, State, Zip Code)					
Country of Citizenship			College/School of Enrollment		
Major/Field			Select one <input type="checkbox"/> ELI <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
Have you or will you enroll in the upcoming term at Millersville University? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check all that apply. Enrollment information will be included in all 4 letter formats.					
<input type="checkbox"/> Visa Renewal Letter Consulate/Embassy location (city and country): _____					
<input type="checkbox"/> Enrollment Letter Number of copies needed: _____					
<input type="checkbox"/> Employment/Social Security Letter					
<input type="checkbox"/> Guest Student Letter (spring, summer term only)					
Guest student dates: Begin (mm/dd/yyyy): _____ End (mm/dd/yyyy): _____					
Institution you plan to attend: _____					

CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST BE INCLUDED WITH FORM SUBMISSION

☐ Attach a copy of your latest I-20 (pg. 1 & 2) or DS-2019 (if you are on a J-1 visa, your DS-2019 must read Millersville Uni.).

READ THE STATEMENT BELOW AND SIGN

- I hereby certify that all the information above is true and accurate.
- I understand that I must be in valid immigration status to receive an enrollment letter and may be required to provide additional information and/or documentation if deemed necessary by the Warfel Center for International Programs and Services.
- I agree to all conditions stated above and I understand that my letter will not be signed if all conditions are not met.
- **I understand this form must be completed in DocuSign or submitted physically by me with a wet signature.**

Signature: _____

Date: _____