

5885 Haven Avenue ● Rancho Cucamonga ● CA ● 91737 (909) 652-6195 ● (909) 652-6194(fax)
Email: international@chaffey.edu

Visa Letter Request Form

Please Print Clearly

Date:	/ _ mon/ da				
Student Name:		(Last)			
Chaffey College Student ID Number:			Registered Units At Chaffey:		
Student Phone Number:	(Amag C	odo)			
	(Area C	ode)			
☐ Visa Renewal	Letter	Leaving Date:	I	Returning Date:	
☐ Visitation Let	tter	Arrival Date:]	Departure Date:	
		Summer Quarter			
	_	_	~#		
	_	Fall Quarter/Semeste			
	□ 7	Winter Quarter/Sem	ester		
		Spring Quarter/Semo	ester		
Comments (optional):					
		Office Use Or	<u>11y</u>		
Term:					
Assessment (XSRG): □Y Orientation (XSRG): □Y					
ED Plan (XSRG): Yes					
Chaffey Holds(PERC):		If Yes, please list			
Registered Units at Chaf					
TB Test: □Yes □No	• `	,			
Medical Insurance: □Ye	s \square No				
Current Sem GPA (TRA	N):	Current Term	GPA (TRAN	D:	