

DATE:

TO:

FROM: Yvonne Correia
Immigration Specialist

RE:

According to our records, the above named person has an appointment in your department.
These records show:

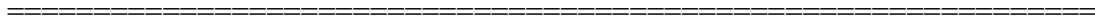
Authorization to remain in the United States under a government issued I-94 and a
J-1 visa, exchange program # P-1-3123, which expires on _____.



Please complete the appropriate sentence below. This form must be returned thirty days prior
to visitor's ending date, and remember to **sign** the form.

_____ The appointment for Mr./Ms./Dr. _____ will not be extended.
He/She will be returning to _____ as of _____.

_____ The appointment for Mr./Ms./Dr. _____ will be extended.
(Please call the Center for International Education to request an extension form.)



Please complete and sign the request form. Return the application forms to BH-201.

FACULTY SPONSOR: _____
Signature/Date

APPROVALS:

DEAN: _____ DEPARTMENT CHAIR: _____
Signature/Date Signature/Date

All visitors should schedule a check-out appointment with the immigration advisor.
Please call (562) 985-4106.