

EAST LOS ANGELES COLLEGE

International Student Office

1301 Avenida Cesar Chavez

Monterey Park, California 91754-6099

Tel (323) 265-8796 Fax (323) 260-8192

International Student Service Request Form

(Please Print Clearly)

Name: _____, _____
Last First Middle

ELAC Student ID #: _____ - _____ - _____ Date of Birth: ____ - ____ - ____

Current Address: _____

Day Phone: (_____) _____ Evening: (_____) _____

Cell Phone: (_____) _____ Email address: _____ @ _____

Is this your new address and phone number? Yes No

Are you currently enroll at ELAC ? Yes No

If you answer no, were you an ELAC student before, when, Fall 99/20__ Spring 99/20__

- I request:
- Verification Letter (Purpose of this letter)
 - Recommendation Letter (Attention to whom)
 - Part-Time Permission Letter (School's Name and Courses)
 - Less than 12 units (Reason) Semester: Fall/Spring 20 _____
 - Change of Major
 - Leave of Absence (Which Semester and Why)
 - Other _____

Reason / Problem (Must fill in - be specific and attached all documents):

Student's Signature Date

<p>For Office Use Only:</p> <p>Problem _____</p> <p>Processed _____ By _____</p>
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