

Request for Family/Friend Invitation Letter



Office of International Affairs

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859.858.2386 | Ext. 2386 | international.services@asburyseminary.edu

Please allow 5 to 7 days processing time; requests processed in order in which received.

DATE _____ NAME (MUST BE EXACTLY AS IT APPEARS ON YOUR PASSPORT) _____

DEGREE PROGRAM _____ STUDENT ID NUMBER _____ SPO NUMBER _____

If this letter is for invitation letters for your graduation guests, please complete the following section.

Graduation Date: _____ Campus: _____

Do you presently hold an F-1 Or J-1 Visa? Yes No Date of Application: _____

NAME OF VISITOR (AS APPEARS ON PASSPORT) _____ DATE OF BIRTH _____

COUNTRY OF CITIZENSHIP _____ RELATIONSHIP TO STUDENT _____

DATE OF ARRIVAL TO U.S. _____ DATE OF DEPARTURE _____

Reason for Visit:

I hereby authorize Asbury Theological Seminary to release my visa, financial, and academic information to the Consular Official and Immigration Officers.

STUDENT'S SIGNATURE _____ DATE _____

Please return this form to:

Coordinator of International Affairs, Asbury Theological Seminary
859.858.2386, internationalservices@asburyseminary.edu

For Office Use Only

VISA STATUS _____ DEPENDENT VISA STATUS _____ CLEAR WITH BUSINESS OFFICE _____ I-20/DS-2019 EXPIRATION DATE _____

GOOD ACADEMIC STANDING _____ GRADUATION APPLICATION _____ GRADUATION TERM _____