Letter of Standing Application with Expense Estimate

University of Southern California
Office of International Services

( ) Mr. ( )Ms._____
Family (last) name Given (first) name Other

First semester at USC _____ Today's Date:_____
Semester Year Month Day Year

Student ID#:_____ Telephone Number:_____

Local Address_____
Number and Street Apt. # City Zip Code

Date of Birth:_____ Status: ☐ F-1 ☐ J-1
Month Day Year

☐ WILL PICK UP ☐ MAIL (Please provide a self-addressed stamped envelope)

You will be provided with one original letter. If you need an additional original, please state the reason:

_____

_____

Please list your name exactly as you want it to appear on the letter.

( ) Mr. ( ) Ms. _____
Family Name Given Name Other

Current Status: _____
(Undergraduate, Graduate)

School: _____
(Business, Engineering, Letters, Arts & Sciences, Medicine, etc.)

Degree Objective: _____
(B.A., B.S., M.A., M.S., Ed.D., Ph.D., Etc.)

Major: _____

1st Semester at USC: _____
(semester, year)

Expected Graduation Date (the completion date on your I-20): _____

Estimated Expense Coverage Period:

❍ 9 Months ❍ I will not be enrolled for the summer session.
❍12 Months ❍ I will be enrolled for ___ summer session units.

For office use only:

_____units for _____. Restrictions:_____. RCL Submitted: _____.

FORM OIS.24
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