



Request for Letter of Invitation for Visiting Relatives

Please complete the following request for a letter of invitation and return it to the address below. Please allow a minimum of one week for the processing of this request.

Information about you				
Today's Date: _____				
Your Last name: _____		Your First name: _____		
Your Date of Birth (MM/DD/YY): _____		Your immigration Status, please circle one: F-1, J-1, LPR, US citizen, other :(_____).		
Gender: Male / Female		Contact information: Email: _____		
If you are a student at Catholic University Education level: _____ School: _____ Major: _____ Expected Graduation date: _____		If you are a faculty member, researcher or visiting scholar: School/Department: _____ _____		
Information about your Relatives				
Prefix (Mr, Ms, Mrs.)	Last name	First name	Date of Birth (MM/DD/YY)	Relationship to you
Information about their visit				
Proposed date(s) of visit: _____				
Purpose of visit: _____ _____				

Return to: International Student and Scholar Services
The Catholic University of America
Pryzbyla Center Room 201
Washington, DC 20064