<u>STUDENT</u>

(Please note that raduates should have their form filled out by their GPD and ergraduates should have theirs filled out by their department's Chief Departmental Advisor.)

Name					UIN	
First		Middle		Last		
SEVISID N		I-20/DS-2019 Expiration			Student Email:	@odu.edu
Degree:	Bachelor	Mast Os	olDatet	Program/Maj	or	
OTHER RE	Q⊎IRED DOCU	MENTS:m	dDEPARTMENT			

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Please note that, in accordance with the Code of FederalalFederf7 17)(iii)],533487_[g0.461 Tw (in)Tj 0.58[(youl)]TJ 0.48 signature533487_