

EAP PROOF OF FUNDS REQUEST FORM

ATTENTION: This letter is solely for the purpose of applying for your Visa/Residence permit.

Due to COVID-19, all visa letters will be mailed via postal mail to the provided address list below.

Letters will be mailed within 7-10 business days after receiving the request. Please make sure to plan ahead so that you can receive your letter before your appointment date.

A. Student Information

Last Name

First Name

Perm Number

Address (include apartment number)

E-mail Address

City

State

ZIP Code

Phone Number (include area code)

B. EAP Program Information

Host University/Program

Host Country

Period of Attendance: Fall Winter Spring Summer Academic Year

Estimated Program Dates: Start _____ End _____

Visa Letter Required in Spanish and English

C. Method of Delivery

Mail to the address provided above

Mail to the following address: _____

Please email this completed request to finaideap@sa.ucsb.edu.

Please sign after reading: I understand that the letter I'm requesting is not my Financial Aid Award Letter. I have submitted my FAFSA/CADAA and am a financial aid recipient. I understand that award letters will be available approximately 30 days before the start of my program and may include grants/scholarships and loans.

Student's Signature: _____ **Date:** _____