



Application for Letter of Invitation

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
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STUDENTS ONLY

Check one: Dr. Ms. Mr.
Student's Name: _____
BU ID Number: _____
Degree: _____
Month and Year of Expected Graduation: _____
Major: _____
School: _____

SCHOLARS ONLY

Check one: Dr. Ms. Mr.
Scholar's Name: _____
BU ID Number: _____
BU Department: _____
Position Title: _____
Expected End of BU Appointment: _____

Name(s) of person(s) to be invited:

Check One	First Name	Family Name	Relationship to you
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	_____	_____	_____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	_____	_____	_____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	_____	_____	_____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	_____	_____	_____

Do you need separate letters?: Ms Bo

Reason for this visit:

Length of Visit: _____

Approximate Dates: From: _____ To: _____

Who will cover the costs of the visit?: _____

Is there any additional information you would like us to add to the letter?:

