Buckman Center for International Education Burrow Center, Lower Level 901-843-3403

Fax: 901-843-3975



REQUEST: INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)

Today's Date:		
Family / Last Name:		
First Name:		
Country of Citizenship:		
Rhodes ID Number:		
SEVIS Number:		
First Semester at Rhodes:		
Date of Birth:		
Degree Objective:	Bachelors Masters	
Declared Major:		Undeclared
Current Visa Status:		
Expected Graduation Date:		
Rhodes Email Address:		
Local US Post Address:		
Telephone Number:		
REQUIRED DOCUMENTS: Photocopy of your fellowship or sci	cholarship letter	
IMPORTANT INFORMATION —		
 You must be registered for the current semester before you can apply for this letter. The name on this application should match the name on your passport 		
The name on this application si	notice matter the name on your passport	