



Comisión de Administración de Divisas (CADIVI) Request Form

I. Student Information

Student's Name _____ GTID: _____
Last First

Local Address _____
Street, City, State, Zip

Number _____ Date: _____.

2. CADIVI Request

Doc # 1 CADIVI Letter (Constancia de Estudio)

Year: _____ Fall 1 Fall 2 Spring 1 Spring 2 Summer

Doc # 2 CADIVI Letter of Receipt (Recibo del periodo)

Year: _____ Fall 1 Fall 2 Spring 1 Spring 2 Summer

Doc # 3 CADIVI Verification

Please select all applicable

Doc a-Registration Letter (Next Term) Fall 1 Fall 2 Spring 1 Spring 2 Summer

Doc b-Term Completion Letter (Previous Term) Fall 1 Fall 2 Spring 1 Spring 2 Summer

Special Instructions _____

Doc # 4 CADIVI Tuition Invoice (Factura Pro-Forma)

Academic Year: _____ Term: Fall 1 Fall 2 Spring 1 Spring 2 Summer

3. Student Certification

Student's Signature _____ Date _____

Received by (Name and Signature) _____ on
Sent via _____ by (Name) _____ on _____