UF | International Center
UNIVERSITY *of* FLORIDA

International Student Services
170 HUB Stadium Road, PO Box 113225
Gainesville, FL 32611-3225
Phone: 352-273-1540
Fax: 352-392-5575

CADIVI LETTER REQUEST FORM

COMPLETE THE FOLLOWING FORM AND SUBMIT IT BY EMAIL TO jhardin@ufic.ufl.edu
PROCESSING TIME IS **FIVE - SEVEN BUSINESS DAYS.** YOU WILL RECEIVE AN EMAIL WHEN THE LETTER IS READY.

Last Name	First Name	UFID
College	Major	Degree
Country of Citizenship	E-Mail	Telephone Number

To be completed by Student:

Number of Credits: _____   Semester: ☐ Fall   ☐ Spring   ☐ Summer

Tuition: ☐ In-State   ☐ Out-of-State   Letter in: ☐ English   ☐ Spanish

Does your CADIVI letter require the UF Seal?   ☐ Yes   ☐ No

Does your CADIVI letter require a Notary Stamp?   ☐ Yes   ☐ No

CADIVI is also requesting to include the classes you took last semester and the classes the student has registered for next semester. Please list this information in the following format (If you request your letters in Spanish, we will need the Spanish translation of each class):

Prefix- Name of class-Number of credits.

EXAMPLE:

Summer 2013

DEF5678- Reading Instructions-3 credits

GHI9876- Following Instructions- 4 credits

Fall 2013

ABC1234- Introduction to Example- 3 credits.

Comments/Requests: _____

_____

By submitting this form, I understand that:

I will not be refunded any money in excess of $500 of the cost of tuition, fees and mandatory health insurance*****. Any funds over $500 will be applied to my next semester tuition costs.

IE: If I request tuition for 16 credits but only register for 14 credits, the 14 credits for which I registered will be paid and the 2 credit tuition balance will go towards the next semester.

If I currently have a credit balance with the UF Bursar's office, that amount will be deducted from the total cost of tuition requested within this letter.

IE: If I request funds for the cost of 16 credits and I currently have a 2 credit tuition balance, my letter will be written for the tuition cost of 14 credits.

Date: _____

* Health Insurance is mandatory of all international students.

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CADIVI LETTER REQUEST FORM (Continue)

Last Name	First Name	UFID

To be completed by student:

To facilitate the equivalence process between UF majors and the major listed on Resolution No 3147 of the Republic Bolivariana de Venezuela, I confirm I have reviewed and determined that the UF major _____ is equivalent to the _____ major or field.

The classes the student took last semester (_____) are:

Course	Course Title	Course Title in Spanish	Credits

The classes the student has registered for next semester (_____) are:

Course	Course Title	Course Title in Spanish	Credits

Date: _____
(mm/dd/yyyy)