

Travel Signature Request

Please complete this form and submit it with your most recent I-20. Allow 3-5 days processing time.

Date:	Name (Print):
Student ID #:	Birth Date:
Contact Phone	imber:
Email Address:	
Student's Signa	re:
Check Yes or NO	or each question
- I have paid my	uition for the current semester
Yes	No
- My visa is expi	d and I am requesting a visa renewal support letter
Yes	No
- When I return,	understand that I must bring my new I-94 to the International Student Office
so they can mak	a copy for my files
Yes	No
- For <u>Winter</u> and	Summer travel onlydid you enroll in classes for the upcoming semester
Yes	Νο
Fill out the follo	ing information
Passport expiration date:Visa expiration date:	
Approximate da	of departure:
Approximate da	of return (back to the US):