



## Travel Signature Request Form

Date Today \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (as on passport): First \_\_\_\_\_ Family \_\_\_\_\_

ID Number: \_\_\_\_\_

### **Travel Information:**

Approximate Leave Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country(s) Traveling to \_\_\_\_\_

Do you have the required documents for leaving and reentering the United States in F-1 Status (see Travel Signature Request Procedures form)?

yes/no

How many credits are you registered for this semester? \_\_\_\_\_

**Reminder:** Unless you have received special permission from your International Student Advisor, you are required to be registered for a full-time load of credits each semester: at least **12 credits for undergraduates, usually 9 credits for graduate students.**

Current US Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Major Field of Study (if first year write Foundation): \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

**Attn:** students graduating at the end of the semester- do you intend to apply for Optional Practical Training? yes / no

### **Do Not Write Below Line - Office Use Only**

\*\*\*\*These forms are to be received by staff only--no work/study students\*\*\*\*

Staff Initials: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID Checked: \_\_\_\_