



Student Information

LAST/FAMILY NAME _____ First/Given Name _____ Middle _____

U.S. Residential Address: Street _____ City _____ State _____ Zip Code _____

Telephone Number: Home _____ Cell _____ Work _____ Fax _____

Date of Birth (MM/DD/YYYY) _____ E-mail Address _____ School _____

The following travel request is for: Myself only Dependents only Myself and dependents

If traveling with dependents: Returning with dependents Dependents will return on a different date

- If dependents will travel, you must complete *Dependent Information*.

Travel Dates: _____
Departure from U.S. (MM/DD/YY) _____ Return to U.S. (MM/DD/YY) _____

Destination: _____
City _____ Country _____

Source of support while in the U.S.: Personal funds: _____ Amount (in U.S. currency) per year
 School funds: _____ Amount (in U.S. currency) per year
 Other sources: _____ Amount (in U.S. currency) per year
• If other sources, please specify: _____

If this travel request is during a semester for a period other than weekends or full closure holidays, did you consult with your Academic Advisor? Yes No

Do you have a passport valid 6 months into the future? Yes No

Do you have a valid F-1 visa stamp (unless exempt from visa requirements)? Yes No

- If no, at which U.S. embassy or consulate abroad will you be applying for the visa?

_____ City _____ Country _____

Have you applied for Optional Practical Training (OPT)? Yes No

- If yes and OPT application is pending, have you received the Form I-797 (I-765 application receipt notice) sent from USCIS? Yes No

If granted OPT, are you currently employed or do you have a written job offer? Yes No

Have you filed an application for permanent residency? Yes No

• If yes, have you been issued an Advanced Parole document? Yes No

• If yes, have you been granted an Employment Authorization Document? Yes No

Dependent Information

Spouse

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Student's Signature: _____

Date: _____