

This form is to request a signature on your I-20 for travel purposes. Please complete the request below.
Processing time is 5 business days.

ATTACH THE FOLLOWING TO THIS REQUEST FORM:

- Most recent I-20
- For dependent(s) that are travelling: Most recent I-20
- If you are on F-1 Post-Completion OPT: A copy of valid EAD card

SECTION 1: STUDENT PERSONAL INFORMATION	
TODAY'S DATE (MM/DD/YYYY):	CSUDH STUDENT ID:
LAST NAME:	FIRST NAME:
DATE OF BIRTH (MM/DD/YYYY):	SEVIS NUMBER: N
PHONE NUMBER:	EMAIL:
U.S. ADDRESS:	
STATUS: <input type="checkbox"/> F – 1 STUDENT <input type="checkbox"/> F – 1 OPT	
SECTION 2: TRAVEL INFORMATION	
WILL YOU (AND/OR DEPENDENTS) BE APPLYING FOR A NEW U.S. VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROXIMATE START DATE OF TRAVEL (MM/DD/YYYY):	APPROXIMATE END DATE OF TRAVEL (MM/DD/YYYY):

SECTION 3: TRAVEL REMINDERS AND RESPONSIBILITIES
<ul style="list-style-type: none"> • The travel signature on your I-20 (F-1) verifies your valid CSUDH F-1 student status. • Each travel signature is valid for <u>one year</u>. If you are on F -1 OPT, the signature is valid for <u>six months</u>. • I understand that I need to have valid travel documents to re-enter the U.S. • I understand that my passport must be valid a minimum of <u>six months</u> into the future. • I understand that I must verify entry requirements for each country that I will visit. • I understand that if I need to apply for a new visa, the processing time may affect travel plan.
Signature: _____ Today's Date: _____