

TRAVELLING REQUEST FORM

Name: _____ ID #: _____

Date of Birth: _____ SEVIS ID #: _____

Address: _____

City/State/Zip/Country: _____

Phone: _____ Email: _____

Current Program: _____

Do you have valid F-1 visa? (Y/N) _____

Departure Date: _____ **Arrival Date:** _____

Student is required to submit the documents below along with this form to DSO at least 3 business days before the departure date;

1. Airplane ticket or written statement specific travelling period.
2. Current active I20.
3. If the travelling will occur during the class is in session, this form needed to be signed by instructor.

Signature: _____ Date: _____

For Academic Faculty uses only. (Please specific if the student is approved for travelling or not. Please note that student is required to maintain 80% attendance for each class)

Class 1: _____ Approved? (Y/N): _____ Signature: _____

Class 2: _____ Approved? (Y/N): _____ Signature: _____

Class 3: _____ Approved? (Y/N): _____ Signature: _____

Class 4: _____ Approved? (Y/N): _____ Signature: _____

Class 5: _____ Approved? (Y/N): _____ Signature: _____

Class 6: _____ Approved? (Y/N): _____ Signature: _____

Class 7: _____ Approved? (Y/N): _____ Signature: _____