



I-20 Travel Signature Request Form

Today's Date: _____

Student ID #: _____

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Please answer the following questions:

Has your address, e-mail and/or phone number changed recently? **Yes** **No** (If yes, please complete the Change of Address Form)

Date Leaving: _____

Date Returning: _____

Travel Destination: _____

Reason for Travel: _____

When is your I-20 expiring? _____

When is your Passport expiring? _____

When is your F-1 visa expiring? _____

Have you changed your visa since your last entry into the U.S.? **Yes** **No**

Will you renew your F-1 visa before returning to the U.S.? **Yes** **No**

How many units are you currently enrolled in this term? _____ Units

Have you pre-registered as a full-time student for the up-coming term? **Yes** **No**

Is this your last term as AUSB? **Yes** **No**

Student Signature*

Date

*Please note that an electronic signature is only valid when using an Antioch email account.

Office Use Only
Date signed current I-20: _____ Initials: _____
Student not eligible – Reason: _____
