

I-20 Travel Signature Request Form

Fill out this form, **COMPLETELY**

Take this completed form and your ORIGINAL I-20 to the International Students Office before your trip. Processing time is 7-10 days. **DO NOT TRAVEL WITHOUT A TRAVEL SIGNATURE!**

PERSONAL and ADDRESS INFORMATION

Student ID#: _____ Current Major: _____

Name: _____
Family Name/Surname/Last Name Given Name/First Name Middle Name (if any)

Current U.S. Address: _____
Street Number Street Name Apartment Number

City State Zip Code

Local U.S. Telephone Number: (_____) _____ Home Cell
Area Code Phone Number

E-mail address: _____

HEALTH INSURANCE INFORMATION

Medical Insurance Expiration Date: _____

(Note: Health Insurance is required for next semester before travel approval)

TRAVEL INFORMATION

Summer Travelers: Will you be studying full time at LBCC for the FALL Semester?

Yes - We recommend that you register in all of your classes and pay all of your fees before you travel to avoid any technical problems from your home country.

No - If your answer is NO you must see your advisor Nelly Delgado.

Travel Dates: Departure Date: _____ Returning Date: _____

Destination: Where are you traveling to (country)? _____)

Student Signature: _____ Today's Date: _____

For Office Use Only

Health insurance is valid for the required period _____ No, Expired on: _____

I-20 is valid _____ Expired: _____ Passport is valid _____ Expired: _____

Visa is valid _____ Expired: _____ Units OK _____ Under 12 units

(Approval Date: _____ Advisor's Initial: _____)