



Office of International Student & Scholar Services  
 Center for International Studies  
 261 Millennium Student Center  
 One University Boulevard, (MC 221)  
 St. Louis, Missouri 63121  
 USA  
 Telephone 314.516.5229  
 Fax 314.516.5636  
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## Travel Signature Request Form

Note: for a travel signature you must be eligible and intend to enroll at UM-St. Louis next semester.

Name: \_\_\_\_\_ , \_\_\_\_\_  
Family/Last Name Given/First Name(s)

Student Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Visa Status: F-1 J-1  
 please print clearly

Current Level: Bachelor's Master's Graduate Certificate PhD OD Scholar

Degree Program/Major: \_\_\_\_\_  
 skip if you are a J-1 Scholar

Currently on OPT? yes no Current Number of Credits You are Taking: \_\_\_\_\_  
 skip if you are a J-1 Scholar skip if you are a J-1 Scholar or on OPT

Expected Program Completion Date: \_\_\_\_\_

Student Account Paid in Full? yes no Currently on Academic Probation? yes no

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Destination Country(ies): \_\_\_\_\_

I-20/DS-2019 Expiration Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Is Your Financial Information on Your I-20/DS-2019 Accurate? yes no  
 If 'no,' Please Explain: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Will You be Applying for a New Visa on This Trip? yes no

Travel Signature is for: Student/Scholar only Family only Both Student/Scholar & Family  
 circle one

<b>For Office Use Only</b>	
Periods of RCL? _____	Hold(s)? _____
Date completed: _____	Signature: _____

Last Updated: 10/28/2005

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