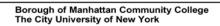
STUDENT TRAVEL REQUEST FORM

Your current Form I-20 must be signed by a Designated School Official (DSO) from BMCC before you depart for travel outside the U.S. You must be currently in valid F-1 status, with a valid passport and F-1 visa in order to be eligible to travel.

Please complete the following travel request form 5-7 days before travel, so that we can assist you with your request in a timely manner. Please present your original Form I-20, as well as a copy of your passport and visa to the DSO upon completion of this form.

Personal Information:	
Student Name (Family, First):	
Empl ID#: SEVIS #:	
Current U.S. Address:	
Email:Phone Number:	
Academic Information:	
Major:	
Anticipated graduation date:	
Number of credit hours currently registered for:	
Current semester (circle one): Spring/Fall Year: 20	
Have you pre-registered for next semester's courses?	
Yes: I am registered for # of credits.	
No: I am not registered for next semester. Please explain:	
Travel Information:	
I am traveling to:	
From this date:/ (mm/dd/yyyy)	





199 Chambers Street New York, NY 10007-1097 www.bmcc.cuny.edu



International Student Services Office Room S115N 212-220-1265

F-1 STUDENT TRAVEL REQUEST FORM

Visa and Immigration Information:

Current visa type: (F-1, B1/B2, etc.)
Issuing visa post: (location visa was granted, as listed on visa)
Expiration date of visa:/ (mm/dd/yyyy)
If expired, are you planning to renew this visa in your home country? Yes/No (circle one)
Has your immigration status changed since you last entered the U.S.? Yes/No (circle one)
Do you have a petition pending, approved, or a spouse who plans to petition for U.S. permanent residency for you? Yes/No (circle one)
Has there been any significant change in the information on your Form I-20 (change in major, financial support, etc.) If yes, please explain:
Student Signature:Today's Date:/(mm/dd/yyyy)
Student Signature:Today's Date:/(mm/dd/yyyy)
Student Signature:Today's Date:/(mm/dd/yyyy)
Student Signature:Today's Date:/(mm/dd/yyyy) For ISSO Staff:
For ISSO Staff:
For ISSO Staff: Request form received by:
For ISSO Staff: Request form received by: On:/ (mm/dd/yyyy)

