

REQUEST FOR TRAVEL SIGNATURE

LMU ID#/Social Security #: _____

Today's Date: _____

() Mr. () Ms. _____
Family Name First Name email address

Local Address: _____
(Complete if any changes) # & Street Apt # City Zip Code

Telephone: () _____ Major: _____

First Semester at LMU: _____
Semester/Year

Expected Graduation Date: _____

Number of Units currently taking THIS semester: _____

(If graduation date is different from original I-20, you must submit a verification letter from your Academic Advisor regarding the new expected date of completion of studies.)

(If Applicable) How many units have you registered for next semester? _____

When does your passport expire? _____

When does your visa expire? _____

If traveling, please complete: Traveling Destination: _____

Departure Date: _____ Return Date: _____

_____ Traveling Alone

_____ Traveling with _____

_____ PLEASE MAIL (Attach a self-addressed stamped envelope for U.S. address or \$20 check payable to LMU-OISS for home-country express mail delivery.)

Your Signature: _____