

Wiley Hall, 6 Valencia Street St. Augustine, FL 32084 Phone: (904)-819-6351

Email: InternationalCenter@flagler.edu

INTERNATIONAL CENTER
HOME OF STUDY ABROAD AND
INTERNATIONAL STUDENT SERVICES

TRAVEL SIGNATURE REQUEST

Please attach your current I-20 to this form. Your travel authorization will be processed within 5 business days. Please make sure you have your passport, visa and I-20 with you when you travel.

UPON YOUR RETURN TO FLAGLER, PLEASE BRING YOUR PASSPORT AND ANY OTHER NEWLY OBTAINED DOCUMENTS TO THE INTERNATIONAL CENTER IMMEDIATELY FOR COPYING.

Personal Information	
Last Name	First Name
Flagler Student ID#	
Address	
City of Birth	
E-mail Address	Phone #
Country of Citizenship	Visa type (circle one): F J
Travel Information	
Destination (Country)	
Departure Date	
Return Date	
Purpose of Visit	
My passport has at minimum 6 months of validity past my return date (listed above) \(\subseteq \text{Yes} \subseteq \subseteq \text{No} \)	
My visa has at minimum 6 months of validity past my return date (listed above) **If your F-1 student visa will expire before returning to the U.S., you will need to schedule an appointment with the U.S. embassy/consulate abroad. To find a U.S. embassy/consulate please visit: *www.usembassy.gov*. It is advised that you make your appointment before departing the U.S.**	
Note: If you plan to visit a country other than your home country, please check with the International Center to find out if you need a visa to enter.	
The state of the s	
Student signature	Date