

Center for International Education  
F-1/F-2 Travel Request Form

Revised March 2007

**NOTE:**

- You must submit your current I-20 and a class schedule verifying full-time enrollment for the current semester.
- You are required to submit these documents so that CIE can verify and/or update your SEVIS record. When appropriate, CIE will then sign your I-20.
- If there are any university holds on your record, CIE will not sign your I-20. Please clear all holds before submitting this request.

Name \_\_\_\_\_  
Family/Last Given/First Middle

Local Address \_\_\_\_\_ Phone (h) \_\_\_\_\_  
Street Apt. (w) \_\_\_\_\_  
City State, zip

UT ID/SSN \_\_\_\_\_ UT e-mail \_\_\_\_\_

SEVIS ID# \_\_\_\_\_ Major \_\_\_\_\_

Current degree level (please check one):  Bachelor  Master  Doctorate

Does CIE have the latest copy of your I-94, I-20, and visa?  Yes  No  
If no, please bring these documents in so that we can update your immigration file.

**Please answer ALL the following questions:**

What is the approximate date of departure? \_\_\_\_\_  
(mm/dd/yy)

- Do you need a new F-1 visa?  Yes  No
- Are your dependents traveling with you?  Yes  No  
If yes, you must submit dependent(s) I-20(s).
- Do(es) your dependent(s) need new F-2 visa(s)?  Yes  No
- Are you visiting Canada?  Yes  No
- Are you applying for a Canadian visa?  Yes  No
- Have you moved since your last request?  Yes  No
- Has the financial information on your current I-20 changed?  Yes  No  
If yes, submit the new information. Eg: GA form, bank statements.
- Have you maintained full time enrollment since your last request?  Yes  No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For CIE Use Only</b>	
Enrollment: Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No	i1440 updates
Holds: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Bio: <input type="checkbox"/> Yes <input type="checkbox"/> No      Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cleared _____	Financial: <input type="checkbox"/> Yes <input type="checkbox"/> No      Address: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes _____	
Reviewed by _____	Date _____