



**International Student
Services Office**
Room S115N
212-220-1265

Borough of Manhattan Community College
The City University of New York

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

F-1 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. 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: _____

Is this your final semester at BMCC? **Yes/No (circle one)**

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)

To this date: ____/____/____ (mm/dd/yyyy)





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Visa and Immigration Information:

Current visa type: _____ (F-1, B1/B2, etc.)

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)

For ISSO Staff:

Request form received by: _____

On: ____/____/____ (mm/dd/yyyy)

Form I-20 signed by (DSO): _____

On: ____/____/____ (mm/dd/yyyy)

Signature is valid until: ____/____/____ (mm/dd/yyyy)

