



UNIVERSITY OF
LAVERNE

TRAVEL AUTHORIZATION REQUEST FORM

Family Name: _____ First Name: _____

Student ID #: _____ Phone #: _____ Date: _____

Current Address: _____

La Verne Email: _____ Personal Email: _____

Degree: *Bachelors* *Masters* *Doctorate* Major: _____

Immigration Information -----

SEVIS #: _____ Status: *F1 Student* *F2 Spouse/Child*

Passport Expiration Date: _____ Visa Expiration Date: _____

Travel Information -----

Departure Date: _____ Expected Date of Return to the U.S.: _____

Purpose of Travel: _____

OISS USE ONLY

Approved Denied If denied, explain: _____ Date: _____

International Student Advisor: _____ Signature: _____