

F-1 TRAVEL AUTHORIZATION REQUEST

Student's Name: _____
Last Name First Name

UCLA ID #: _____ Expected Degree Completion Date: _____
(as indicated on your I-20 form)

Telephone #: _____ E-Mail: _____

TRAVEL INFORMATION

Departure Date: _____ Return Date: _____
(Estimate) (Estimate)

Are you renewing your F-1 visa? YES NO

If **Yes**, do you need a Certification of Status (CoS) letter? YES NO

Are you currently on post-completion OPT? YES NO

(If Yes, submit a copy of your Employment Authorization Document (EAD) card)

For more details on re-entry to the U.S., please refer to the [Travel Authorization](#) section on our website. I certify that the information above is true and correct to the best of my knowledge.

Student's Signature: _____ Today's Date: _____

FOR OFFICE USE ONLY	INIT: _____	DATE: _____
<input type="checkbox"/> Current I-20	<input type="checkbox"/> Restriction Holds	<input type="checkbox"/> Current Enrollment <input type="checkbox"/> Past Enrollment <input type="checkbox"/> Update I-20 <input type="checkbox"/> CoS

