## Lincoln Aniversity



## **REQUEST FOR TRAVEL OUTSIDE AND RE-ENTRY TO THE U.S.**

## Instructions to Student:

Please inform the office in advance of your scheduled travel date and allow 2-3 working days for processing so that your request can be processed on time.

- 1. Complete and sign this form.
- 2. Obtain signature from the Accounting Office.
- 3. Return this form with your most current I-20 to the Admissions and Records Office.

## A. Student Information:

Name:			
(Last)	(First)		(Middle)
Current U.S. Mailing Address:	(Number)	(Street)	(Apartment)
	(City)	(State)	(Zip Code)
Telephone Number: ()		Date of Birth (mr	n/dd/yy):
Country of Birth:			nship:
Degree or Status:   Auditor			MS DBA
Concentration:	Student ID:		
B. Travel Information:			
Date of Departure (mm/dd/yy)	:	Date of Arrival (m	nm/dd/yy):
C. Visa Information: You must h	nold a <b>valid pass</b>	<b>port</b> for at least six months fro	om the date of entry or re-entry.
<ol> <li>Do you need to renew you If yes, you should requ</li> </ol>		enter the U.S.?	
2. Did you apply or have a po	ending applicatio	n for a Change of Status, Reir	statement, or Optional Practical
Training (OPT) with the U	nited States Depa	artment of Homeland and Sec	urity (DHS)? 🛛 Yes 🗌 No
lf yes, have you been a	approved?	🗆 Yes 🛛 N	No
			with all related documents wit vel outside the U.S until you ge
I-94 Number:		U.S Visa Expirat	ion Date:
Signature/Print Name:			Date
	ACCOUNT	TING OFFICE USE ONLY	
s the student's account clear?		O If "NO", Balance: \$	
Certified by:		Date:	
401 Fifteenth Street, Oakland,	California	Telephone (510) 628-80	010 Fax (510) 628-8012