

I20 Travel Signature Request

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	<input type="checkbox"/> Bachelors <input type="checkbox"/> Master <input type="checkbox"/> DNP (Doctor in Nursing Practice)	Current Status: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other

Local U.S. Address:

Required Documents:

☐ Original I20

☐ Original Dependent I20(s) if applicable

F-1 Students on OPT:

☐ Copy of EAD card is required for this request to be processed

Travel Information:

Travel Destination: _____

Departure Date: _____

Return Date: _____

Please Check One: ☐ Will Pick Up at CIP ☐ Mail