LOS ANGELES CITY COLLEGE INTERNATIONAL STUDENT PROGRAM

TRAVEL SIGNATURE REQUEST FORM

Student ID Number	SEVIS ID Number
First Name	Middle Name
	Apartment Number
State	Zip Code
Cell Phone Number	E-mail Address
ng questions:	
the: Fall Spring _	
fees for the current semester? Yes	No
Yes No	
dates: From: To: _	
ation:	-
Name	Phone Number
)
ravel only: r the upcoming semester? Yes No	
its MUST submit a copy of their new I-94 for nter upon arrival. You may print your I-94 fo	• •
	State Cell Phone Number In g questions: the: Fall Spring _ fees for the current semester? Yes Yes No lates: From: To: ation: Relationship ravel only: the upcoming semester? Yes No

Date

Student Signature