

**STUDENT FORM I-20 OR FORM DS-2019 TRAVEL APPLICATION**

*Attach original Form I-20 or original Form DS-2019. Your application can only be processed if this form is completed in its entirety.*

1. Family Name (surname) \_\_\_\_\_ 2. First Name \_\_\_\_\_

3. Foreign address \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

4. U.S. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Education level being sought in the US: *(check only one)*

Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Exchange Student  
\_\_\_\_\_

6. Major \_\_\_\_\_ 7. Graduation date \_\_\_\_\_  
(mon/year)

8. Passport expiration date \_\_\_\_\_ 9. F-1/J-1 Visa expiration date \_\_\_\_\_  
(mon/day/year) (mon/day/year)

10. Destination \_\_\_\_\_ 11. Departure \_\_\_\_\_ 12. Return \_\_\_\_\_  
(mon/day/year) (mon/day/year)

**I certify that the information on this application is true.**

**Student's signature** \_\_\_\_\_ **Today's date** \_\_\_\_\_

**BE SURE TO COMPLETE THE ADDENDUM FOR DEPENDENTS APPLICATION FOR DEPENDENTS TRAVELING WITH YOU OR TRAVELING ALONE.**

**ADDENDUM FOR DEPENDENTS  
STUDENT FORM I-20 OR FORM DS-2019 TRAVEL APPLICATION**

*Attach proof of funds for spouse or children coming to the United States for the first time. See statement of expenses prepared by International Student and Scholar Services.*

Complete the following information only for those dependents that will be traveling with you \_\_\_\_\_ or traveling alone \_\_\_\_\_.

**1.** Family Name (surname) \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
(mon/day/year)

Country of Citizenship \_\_\_\_\_ Country of Legal Permanent Residency \_\_\_\_\_

Relationship to student (wife, husband, daughter, or son only)  
\_\_\_\_\_

**2.** Family Name (surname) \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
(mon/day/year)

Country of Citizenship \_\_\_\_\_ Country of Legal Permanent Residency \_\_\_\_\_

Relationship to student (wife, husband, daughter, or son only)  
\_\_\_\_\_

**3.** Family Name (surname) \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
(mon/day/year)

Country of Citizenship \_\_\_\_\_ Country of Legal Permanent Residency \_\_\_\_\_

Relationship to student (wife, husband, daughter, or son only) \_\_\_\_\_

**I certify that the information on this application is true.**

**Student's signature** \_\_\_\_\_ **Today's date** \_\_\_\_\_

**BE SURE TO COMPLETE THE STUDENT FORM I-20 OR FORM DS-2019 TRAVEL APPLICATION IN  
ADDITION TO THIS APPLICATION.**

Doc 24b (Rev 06-28-03) TS