## REQUEST FOR I-20 TRAVEL ENDORSEMENT

Your Form I-20 must be properly endorsed by a designated school official for travel outside of the U.S. Your I-20 can only be endorsed for reentry to the U.S. if you are eligible and intend to continue your studies at Academy at the Lakes. It cannot be endorsed if you have completed your program of study. Please complete this form **each time** you plan to travel outside the U.S. If you have any questions, please contact the Admissions Office at (813) 909-7919 or mstarkey@academyatthelakes.org.

## PERSONAL INFORMATION

Name:				Today's date:	
Family/Last Name	First	Middle			
Address in the US					
			_		
Phone/E-mail:			/		
Country of citizenship:					
Permanent Residence:					
When does your passport exp	ire?				
ACADEMIC INFORM	NOITAN				
Completion of studies date (e.	xpected or acti	ual):			
Do you intend to return to Ac	ademy at the L	akes after the brea	ak?		
TRAVEL INFORMA	TION				
I am completing this endorses	ment for travel	outside the U.S. f	or		
☐ Winter Break					
<ul><li>□ Spring Break</li><li>□ Summer Break</li></ul>					
Other (please specify	y reason for tra	vel)			
Where are you traveling?					
Departure date:					
Return date:					
Do you plan to try and renew	your visa in th	is country?			

## **VISA AND IMMIGRATION INFORMATION**

What type of visa do you	have in your passport? (	F-1, B-2, etc.)	
At which American emba	assy or consulate was it is	ssued?	
If it is still valid, what is t	the expiration date?		
How many entries does it	t permit?		
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If your visa has expired,	what was the expiration of	date?	
Are you subject to NSEE	RS (National Security En	ntry-Exit Registration S	ystem)?
When was your last visit	home?		
Has your immigration sta	itus been changed since y	you last entered the U.S.	?
Do you have a petition pe	ending or approved for U	S. permanent residency	y for you?
Has there been any signification of education or means of Ye No.	financial support?	mation on your Form I-	20, such as a change in your level
If so, what has changed?			
FOR OFFICE USE ON	LY:		
Received on	Date	Verified by	Staff Member
Endorsed until	Date	_ by	DSO initials