## Office of International Services



**USC** Student Affairs

1-20 Travel Signature Request				07/14
Today's Date:  Family/Last Name:  USC ID Number:  First Semester at USC:  Telephone Number:  Field of Study:  Expected Graduation:  Local U.S. Address:	Current Status: Email Address:	□ F-1	Master ☐ PhD ☐ J-1	Ford Salvatori Hall 120 Los Angeles, CA 90089-1696 Ph: (213)740-2666 Fax: (213)740-5194 Email: ois@usc.edu www.usc.edu/ois Other: Other:
Required Documents:  Original I-20 Original Dependent I-20(s) if applicable F-1 Students on OPT: Copy of EAD card is required for this re  Travel Information:  Tentative Travel Destination: Tentative Departure Date: Tentative Return Date:				
Please Check One:	<b>Mail</b> Must provide d	a self-addre:	ssed stamped er	nvelope

Office use: \_\_\_\_\_ units for\_\_\_\_\_ Restrictions: \_\_\_\_\_ RCL: \_\_\_\_