



## Travel Q & A Form

Please complete entire form.

Last Name	First Name	Today's Date
E-mail	ISU ID#	Phone
Destination(s)	Date of DEPARTURE	Date of RETURN TO U.S

Immigration Status: F-1  F-2

Is your passport valid for 6+ months after the date of your return? Yes  No

Expectation to complete program of study: Spring Summer Fall  
20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

### Valid I-20

Name/Major/Degree/Financial support correct on I-20? Yes  No

Dependents traveling with you? Yes  No

I-20 valid on date of return (see I-20)? Yes  No

### Valid Visa

Do you plan to renew your visa during this trip abroad? Yes  No

Visa Expiration date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

### **FOR CGE USE ONLY:**

Registration: \_\_\_\_\_ Expiration Date of I-20: \_\_\_\_\_  
Intake Initials: \_\_\_\_\_ Today's Date: \_\_\_\_\_