



### Travel Q & A Form

Please complete form and return to the IAC office with current I-20 and any dependent's I-20 that will be traveling with you. Thank you.

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

Immigration Status     F-1     F-2

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

Passport valid for 6 or more months beyond date of return:     Yes     No

#### Valid I-20

Name/Major/Degree/Financial support correct on I-20     YES     NO

Dependents traveling with you     YES     NO

If you are subject to SPECIAL REGISTRATION, are you aware of your travel restrictions?     YES     NO

I-20 valid on date of return (see I-20)     YES     NO

#### Valid Visa

Do you plan to renew you visa during this trip aboard?     YES     NO

VISA EXPIRATION DATE \_\_\_\_\_

(Do not write below this line)

Registration: \_\_\_\_\_                      Expiration Date of I-20 \_\_\_\_\_

Intake Initials: \_\_\_\_\_                      Today's Date: \_\_\_\_\_