



The State University of New York Maritime College

REQUEST FOR I-20 TRAVEL ENDORSEMENT

Your form I-20 can only be signed for reentry to the US if you are eligible. It can be signed if you intend to continue your studies at this school, or are employed on authorized practical training after completion of your coursework. It cannot be endorsed if you have completed your program but have not yet obtained OPT employment.

Personal Information

Name: _____ Today's Date: _____

Address: _____

Phone/E-mail: _____

Country of citizenship _____ Permanent Residence _____

When does your passport expire? _____

Academic Information

Program of study: _____ Major: _____

I am registered for _____ *Undergraduate/Graduate* credits for the _____ semester.
Number *Fall/Spring/Summer*

Graduation Date (expected or actual) _____

Do you intend to return to this school next semester? _____

Practical Training Information

If you are employed, please attach a letter from your employer verifying your employment.

When does your EAD card expire? _____

Name of your employer: _____

Travel Information

Where are you traveling? _____

Departure Date: _____ Return Date: _____

Visa and Immigration Information

What type of visa do you have in your passport? _____

At which American embassy or consulate was it issued? _____

When does your visa expire? _____

How many entries does it permit? _____
Multiple/ Two/ One

When was your last visit home? _____

Has your immigration status changed since your **last entry** into the U.S.? _____

Do you or your spouse have a petition pending for U.S. permanent residency? _____

Has there been any change to the information noted on your Form I-20, such as a change in you level of education, major, or means of financial support? _____

If yes, please provide a description: _____

If you have any questions or concerns, please schedule an appointment.

International Student Coordinator:

Ms. Devon Switzer
Tel: 718-409-7360
Fax: 718-409-4735
Email: dswitzer@sunymaritime.edu

For Office Use:

Date: _____

Endorsed until: _____ by _____
Date DSO