



GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

University of Medicine & Dentistry of New Jersey

185 South Orange Avenue, MSB C-696
Newark, NJ 07107
(973) 972-4511

F-1 Student Travel Authorization Request

Date _____ Student ID# _____ Department _____

Family Name _____ First Name _____

Home Phone # _____ Lab Ext. _____ Email: _____

Mailing Address _____
Street City State ZIP

Permanent Address _____
(Abroad) Street City Province Postal Code

Date of Travel: Departure _____ Return _____

Semester & Year began current degree _____ Expected date of completion _____

Please read statement below before signing and return form to GSBS office for processing:

Student Signature _____

Students Do Not Write Below This Box. Note: All original immigration service related travel documents (i.e. I-94, visa, passport, I-20) must be presented to the GSBS administrative offices upon your return for our records. Please note forms must be provided 30 days prior to travel and allow 10 business days for processing. Students are expected to return from travel on or before the approved return date; Student who do not, risk possible stipend suspension.

Academic Standing: Good Fair Poor

Student Requesting F-2 visa for Spouse or Dependent: Yes No

Mentor _____ Signature _____

Program/Track Director _____ Signature _____

Comments:

<u>Final Authorization Signatures</u>	<u>Do Not Use Official School Use Only</u>
GSBS _____	Signature _____ Date _____