



GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

University of Medicine & Dentistry of New Jersey

30 Bergen Street, ADMC 110
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 (ie. 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.

Academic Standing: Good Fair Poor

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

Program Director Signature

Comments:

Final Authorization Signatures Do Not Use Official School Use Only
GSBS Associate Dean Signature Date
Office of International Services (OIS) (DSO) Name Signature Date
Reason for Denial
Official Use Only
Check List: Valid Passport Renewal Required Official Transcript
Valid I-20 Renewal Required GSBS Support Letter
Valid Visa Renewal Required

