

**TRAVEL ENDORSEMENT REQUEST (I‐20/DS‐2019)**

This form is used to obtain a travel signature from IP before leaving the U.S. A travel signature demonstrates that you are in good standing, at the time of the travel signature, to return to the U.S. after a university holiday or vacation period. DO NOT use this form if you will not be returning to the U.S., instead use the Exit Form. Also, if IP provides a travel signature and after it is determined that you are not in good standing up must not try to enter the U.S. until you have discussed your situation with IP. You are responsible for ensuring your immigration documents are update-to-date and valid. If any of your immigration documents are not up-to-date or valid you are responsible for obtaining up-to-date and valid documentation.

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your status: \_\_\_\_ Student \_\_\_\_Scholar Visa type: \_\_\_\_F‐1 \_\_\_\_J‐1

Current I-20/DS-2019 End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Program End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of departure from the U.S.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of return to the U.S.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Visa Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I-94 ‘Admit Until Date’: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I-94 Class of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please carefully read and certify the below information:**

* I confirm that I am in lawful status and am eligible to return to the U.S.
* I will contact IP if I will not return or if my return is delayed.
* I confirm I will have a valid visa up reentering the U.S. (OR using automatic visa revalidation) & I confirm that my passport is valid at least 6 months into the future.
* I certify that I have and will continue to have the required health insurance.
* I will review my immigration documents (passport, visa, I-94) for accuracy upon return to campus to ensure my immigration status is correct. I’ll notify IP immediately if there are any discrepancies.

**For F‐1 and J‐1 Students only:**

* I certify I am enrolled full-time & will continue full-time enrollment (OR be engaged in authorized OPT or AT OR have an approved RCL request).
* I confirm the information on my I‐20/DS‐2019 reflects my current major/degree level/funding & will return by the beginning of the semester.

**Please note: All students should arrive on campus prior to the first day of classes each semester**.

**IP does not authorize students to return late. If there are extenuating circumstances you are encouraged to contact IP as soon as possible to discuss your options. Arriving late cannot be approved by UNCP, your department or IP. Customs and Border Patrol (CBP) may not permit you to enter the U.S. past the program start date.**

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Signature Date