FORM I-20 TRAVEL SIGNATURE REQUEST

Office of the Registrar
Designated School Official for Nonimmigrant Matters
2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

Conditions Regarding I-20 Travel Signature

- This form is to be used by continuing Marywood University students to request a travel signature on your Form I-20.
- The signature on page two on your Form I-20 is valid for one year from the date of issuance. When traveling outside of the United States, a new signature is required if the previous one is over a year old.
- A new signature is required when traveling to Canada, Mexico, and the adjacent Islands. Additional visa requirements may be found at www.marywood.edu/internationalstudents.
- A new signature is not required when traveling within the United States.

Student Information

__________________________________________________________________________________________________________________________

Last Name (Surname)                                      First Name                                      Middle Name

__________________________________________________________________________________________________________________________

Street Address                                      City                                           State                                          Postal Code

(_____)_______________________________   ___________________________________   N ___ ___ ___ ___ ___ ___ ___ ___ ___

Preferred Contact Phone Number                        E-Mail Address                                 SEVIS ID Number (Must be eleven digits)

Degree/Program Level:  □ Intensive English Program  □ Bachelor  □ Master  □ Doctoral

Student Certification

I affirm that I have read and understand the request information and the financial information. I certify that the information I have provided is accurate to the best of my knowledge.

__________________________________________________________________________________________________________________________

Signature of Student                                      Date

Initials: __________                                      Date Processed: _____/_____/_____