OHLONE COLLEGE
A World of Cultures United in Learning

International Programs and Services

International Travel Form

Name: _____
Family (last) name Given (first) name Other

Ohlone Student ID#:_____

Date of Birth:_____
Month Day Year

Telephone Number:_____ E-mail Address:_____

Date you leave the U.S._____

Date you return to the U.S._____

- **Attach your flight itinerary indicating when you will leave and return to the U.S.**
- **Bring the following with you to the International Programs and Services office:**
  - **Passport**
  - **I-20**

_____ _____
Student Signature Date

Please note: You cannot be out of the U.S. for longer than 5 months and return on the same I-20.

For Internal Use Only

Balance Paid_____ Checklist Complete_____ Itinerary Attached_____

No Holds_____ Enrolled (12 units)_____ Immigration Docs_____

_____ _____
Signature of International Programs and Services Staff Date

_____
Name of International Programs and Services Staff