Request	Form	for	1-20
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TRAVEL SIGNATURE

Date:Fan	nily Name:	* e e a	Given Name:	
EMPL ID #	E-mail:		SEVIS ID#: N	17
YesNo: ar	n enrolled at CCNY for t	he <u>CURRENT semester</u>	£ * *	а — — — — — — — — — — — — — — — — — — —
[]—Yes []—No: <u>wi</u>	II enroll at CCNY in the	NEXT academic semes	ter Degree Level:	1 1 - 12
Country of Citizenship:		Name of Country you	will be traveling to:	
Your Departure date:	Expe	cted Return Date:	Signature:	5
VISA RENEWAL:				
YesNo: I <u>wil</u>	I visit the U.S. Consulate c	ffice during this travel period	1	
If considering a consular visit, please	e indicate a reason below fo	r your visit.		t - 12
[]—Visa revalidation;	_]—New visa; []·	Other:		
REQUE	ST FROM THIS OFFICE the fol	owing items of "Good Immig	ration Standing" to take to your co	nsular visit
2 		A <u>CERTIFICATE OF ATTE</u>	NDANCE	is ed O
Please provide the following information for the Consulate Office you will visit,				
Consul City:	Country of	Consulate:		
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