COLORADO HEIGHTS UNIVERSITY
International Student Travel Request

Student Name: _____ _____ _____
First Middle Last

Student ID: _____ Date: _____
(mm/dd/yyyy)

Dates of Travel: Leave the U.S. _____ Return to the U.S. _____
(mm/dd/yyyy) (mm/dd/yyyy)

Travel Destination (List multiple if applicable): _____

Reason for Travel: _____

Make certain you are prepared for travel and follow the instructions on the **CHU Travel Fact Sheet**

Please provide

- Copy of travel itinerary
- Current I-94 copy and new I-94 copy upon return

Missing classes?

- Inform your Instructors
- Be aware Instructors are not obligated to provide make-up work or tests
- Travel during class could affect your grades or require withdrawal from school
- Absence from the U.S. for 5 months or longer will require you apply for a new visa and pay a new SEVIS I-901 fee
- Absence from the U.S. during classes for 30 days or more requires your Form I-20 be Terminated for 'Authorized Early Withdrawal'; but if you return before 5 months then the record will be reactivated

Safe travels and we look forward to your return to CHU!

Student Signature: _____ Date: _____
(mm/dd/yyyy)

International Student Advisor Signature: _____ Date: _____
(mm/dd/yyyy)