

CENTER FOR ENGLISH AS A 618/453-2265 SECOND LANGUAGE MAIL CODE 4518 1000 FANER DRIVE CARBONDALE, ILLINOIS 62901

618/453-6527 FAX

## CESL TRAVEL REQUEST FORM

(for travel between terms)

| *               |  |
|-----------------|--|
| LAST NAME:      | : FIRST NAME:  |
| Please read, th | en sign and date below:  |
|                 | raveling outside of the U.S. between terms and understand that the acceptable dates of are anytime between May 11 and June 13, 2017.*  |
| •               | I understand that when I enter the U.S. I must have:  An unexpired Form I-20 A passport valid for at least 6 months into the future A valid student visa  CESL also recommends that you carry Your scholarship/funding documentation or a current bank statement. A copy of your most recent Transcript (pdf on your phone is fine). A Registration Confirmation letter from CESL (Jennifer will give this to you)  I understand that I must submitted an updated I-94 (available at www.cbp.gov/i94) for myself and my dependents (if applicable) to the CESL main office when I return to the U.S.  I plan to return to CESL for Term 174 by the start of classes on Wednesday, June 14, 2017.  If I change my mind and decide that I will NOT be returning for Term 174, I will email Jennifer at jendc@siu.edu BEFORE the beginning of the term. |
| Student Signat  | ture Date  |
| -               | nt you may be asked to leave your I-20 for Jennifer to sign. She will do so as soon as possible<br>led you when it is ready to pick up.  |
| FOR CESL OF     | FFICE STAFF USE ONLY:  |
| Advisor Name:   | Date:  |
| Notes           |  |
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