West Chester University of Pennsylvania

120 Travel Signature Request

Global Engagement Office

To obtain travel signature, please schedule courses for the next term.

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at	Field of Study	Expected date of	Email Address
WCU		Graduation	
Talanhana Numbar	Date of Birth	Dachalars	Current Status:
Telephone Number	Date of Birth	Bachelors	F-1
		Master	J-1
		<u> </u>	
Local U.S. Address:			
Required Documents:			
Original I20			
Original Dependent I20(s) if applicable			
F-1 Students on OPT:			
Copy of EAD card is required for this request to be processed			
Travel Information:			
Travel Destination:			
Departure Date:			
Return Date:			
Please Check One:In-person signature email Form I-20 (digital signature)			(digital signature)