UNF UNIVERSITY of NORTH FLORIDA

1 UNF Drive
Jacksonville, FL 32224-2645
Phone: (904) 620-2657 Fax: (904) 620-3925 Email: intlctr@unf.edu

INTERNATIONAL CENTER

TRAVEL SIGNATURE FORM

Please attach your current I-20 or DS-2019 to this form. Your travel authorization will be processed within 5 business days. Please make sure you have your passport, I-20/DS-2019 upon travel. Immediately upon your return to Jacksonville, please bring your new passport and any other newly obtained documents to the International Center for copying.

Personal Information

Last Name:_____ First Name: _____

UNF Student ID#: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

Country of Citizenship:_____ Visa type: _____

Travel Information

Destination: _____

Departure Date: _____

Return Date: _____

Purpose of Visit: _____

If your visa will expire before returning to the U.S., you will need to schedule an appointment with the U.S. embassy/consulate abroad. To find a U.S. embassy/consulate please visit: www.usembassy.state.gov. It is advisable that you make your appointment before departing the U.S.

Note: If you plan to visit a country other than your home country, please check with the embassy of that country to find out if you need a tourist visa to enter.

_____ _____

Student's name **Date**

Have a safe trip!

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ACKNOWLEDGMENT AND ASSUMPTION OF RISKS OF INTERNATIONAL TRAVEL

("Acknowledgment")

By signing below, I acknowledge that I understand and agree to the following:

Initial by each statement.

_____ I have been educated by UNF staff in the risks associated with international travel and received guidance on the current federal requirements for lawful re-entry to the United States.

_____ I am aware that travel restrictions by a governmental entity may be imposed at any time that prevent me from entering a foreign country or returning to the United States as I planned.

_____ **By proceeding with my international travel, I agree to assume all financial risk should I encounter delays or be denied entry to my country of destination or upon my return to the U.S. Expenditures I make for travel, housing, food, baggage fees, and the like will not be covered by the University if, for any reason, I am unable to complete my travel as planned.**

_____ I have had an opportunity to ask University staff any questions I have about my planned international travel and about this Acknowledgment or the effect of this Acknowledgment on me. I have had the opportunity to discuss my planned international travel with family member(s) or anyone I trust to assist in making my decision.

Student Signature: _____

Printed Name: _____

Date: _____