

The College of New Jersey
F-1 & J-1 TRAVEL ENDORSEMENT FORM

ATTACH YOUR CURRENT I-20/DS-2019 (ORIGINAL) TO THIS FORM

PART I: TO BE COMPLETED BY THE STUDENT

TCNJ ID # _____ Visa Type: [] J-1 [] F-1 [] Other _____

Travel Departure Date: _____ Travel Re-Entry Date: _____

Expected Degree Completion date: _____ OPT: [] Yes [] No

Last/ Family Name

First

Middle

Local Address

City

State

Zip Code

Home Phone: () _____ E-mail: _____

Source of Funding: [] Personal/ Family [] Assistantship [] Sponsor [] OPT
[] Other _____

Accompanied by Dependents: [] Yes [] No

Will you apply for a visa to return to the United States?

[] Yes: Where? _____

[] No

PART II: TO BE COMPLETED BY THE DSO/RO

I hereby endorse the above referenced student to travel outside of and re-enter the U.S. after a length of time NOT exceeding 5 months.

Endorsed by the DSO/ RO (printed name)

Date

Endorsed by the DSO/ RO (signature)

Fax: 609-637-5128

Phone: 609-771-2576

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