

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	<input type="checkbox"/> Bachelors <input type="checkbox"/> Master	Current Status: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1

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)