



OFFICE OF INTERNATIONAL
EDUCATION AND SERVICES
LAMAR UNIVERSITY

Department Travel Authorization

Date:

Student Name:

Department:

Student L#:

Student SEVIS N#:

Start Date of Travel:

End Date of Travel:

Travel Reason:

I have met with the student above, advised them, and made sure they are enrolled.

Academic Advisor Name (PRINT)

Academic Advisor Signature and Date

If you plan to depart the U.S. before the official end date of a regular semester or return after the official start date of a regular semester, you must have your department chair provide approval.

Department Chair Name (PRINT)

Date _____

____ Approve

____ Disapprove

Dept. Chair Signature