



INTERNATIONAL OFFICE

J-1 Scholar Travel Authorization Request

Use this form if you and/or any dependents are planning to travel outside the U.S. and return to the U.S.

You must submit **Original DS-2019 document(s)** for yourself and all accompanying dependents, if any. Scans or copies of documents are NOT permitted by U.S. Immigration law.

Send by mail or schedule an appointment to bring the original DS 2019(s) documents directly to the International Programs and Global Engagement Office.

Please note the following:

- a. We are happy to assist you with your online submission request.
- b. Please allow 5 working days for us to process your Travel Authorization Request once we have received all of the original DS 2019 documents for you and all accompanying dependents, if any. We process requests in the order in which they are received.
- c. You may pick-up your original DS 2019 documents at the front desk of the **International Programs and Global Engagement Office – Golden Eagle (GE) Building, Room 217 second floor**).

If you are mailing your documents, please use the following address:

California State University, Los Angeles
International Programs and Global Engagement Office
Attention: Ms. Soledad Hernandez
5151 State University Drive, Room GE 217
Los Angeles, CA 90032

If you wish to bring your documents in person, please call to schedule an appointment:

International Programs and Global Engagement Office
+1 323.343.3170

Authorization Period: All travel authorizations are valid for 6 MONTHS from the date signed or until the termination of your program, whichever comes first.

Scholar's Travel Requirements and Attestation - Please read the statements below and check in the appropriate box

In order for you and your dependents (if any) to re-enter the U.S., the following must be true:

- a. My current Passport is valid for at least 6 months from my planned dates to exit and re-enter the U.S.
 Yes No
- b. My current Visa is valid at the time I plan to re-enter the U.S.
 Yes No

- c. I am being granted permission to travel outside the U.S. by Cal State LA, my Faculty Sponsor, and my Department during my program
 Yes No
- d. My J-2 dependents (if any) will be accompanying me during this trip while traveling outside the U.S.
 Yes No
- e. My J-2 dependents (if any) have valid Passports with at least 6 months remaining at the time of our planned re-entry into the U.S. and Visas that remain valid at the time of our planned re-entry into the U.S.
 Yes No
- f. My J-2 dependents (if any), on their original DS 2019s, have acquired the required authorized travel signatures from a Cal State LA Designated School Official prior to exiting the U.S.
 Yes No
- g. I understand that if I fail to obtain an authorized travel signature from Cal State LA's Designated School Official on my DS 2019 and all accompanying dependents' DS-2019s (if any) prior to exiting the United States, I and all my dependents may be denied re-entry into the United States by U.S. Customs and Border Protection officers.
 Yes No

J-1 INFORMATION: *Please provide the information below so that we may verify your information on file with the U.S. Student Exchange Visitor Information System (SEVIS).*

Family Name: _____

First Name: _____ Middle Name: _____

DS 2019/SEVIS Number: _____

Program Start Date: _____ Program End Date: _____
(Month/Day/Year) (Month/Day/Year)

Date of Birth: _____ Gender: Female Male
(Month/Day/Year)

J-2 DEPENDENT INFORMATION (IF ANY DEPENDENTS): *Please provide the information below so that we may verify your information on file with the U.S. Student Exchange Visitor Information System (SEVIS).*

SPOUSE: Family Name: _____ First Name: _____
 Middle Name: _____ SEVIS Number: _____

CHILD #1: Family Name: _____ First Name: _____
 Middle Name: _____ SEVIS Number: _____

CHILD #2: Family Name: _____ First Name: _____
 Middle Name: _____ SEVIS Number: _____

Travel Dates: *(Approximate Dates Are Acceptable)*

Date Departing: _____
(Month/Day/Year)

Date Returning: _____
(Month/Day/Year)

CURRENT U.S. ADDRESS INFORMATION:

Mailing

Address: _____
Street Number, Street Name, Apartment/Door Number (if applicable)

City: _____

Zip/Postal Code): _____

Email: _____ Telephone Number: _____

Signature: _____ Date: _____

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