



International Student Travel Approval

Submit this completed form and all supporting documents to Lamar State College Port Arthur Academic Advising Office using one of the preferred methods below. Mail: LSCPA Office of Academic Advising • PO Box 310 • Port Arthur, TX 77641 Drop off: 3rd Floor, Student Center, Room 311
Scan & Email: international@lamarpa.edu

Student Information

Name _____ ID # P00 _____

LSCPA Email: _____ SEVID#: _____

Country of Citizenship: _____

Visa Status: F-1 J-1 Are you currently on OPT? Yes No

Travel Destination (Country Name): _____

Departure Date: _____ Return Date: _____

What is the purpose of the travel? (Check all that apply)?

- Personal Travel
- Medical/Family Emergency
- Semester Break
- VISA Renewal

Signatures

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 (PRINT)

Department Chair Signature and Date

____ Approve
____ Disapprove