

DSO Signature/Date

## Los Angeles Valley College

5800 Fulton Avenue Valley Glen, California 91401-4096

| ]        | Approved  | /_ | / |  |
|----------|-----------|----|---|--|
|          | Denied    | /_ | / |  |
| <b>_</b> | No Action | /  | / |  |

Student Signature/Date

| el.<br>for self and/or dependents. | TRAVEL REQUEST/ADVISEMENT   |  |  |  |
|------------------------------------|---|--|--|--|
| First Name                         |   |  |  |  |
|                                    |   |  |  |  |
| Telephone Number                   | Telephone Number  |  |  |  |
| City                               | State   | Zip Code   |  |  |
| Country of Citizenship             | Country of Citizenship:   |  |  |  |
| Departure Date                     | _ Return Date   | e  |  |  |
|                                    |   |  |  |  |
| Visa Expiration                    | n Date/   | _/   |  |  |
|                                    |   |  |  |  |
| OPT)                               |   |  |  |  |
|                                    | for self and/or dependents.  First Name  City  Country of Citizenship  Departure Date  I-20 Expiration Visa Expiration Country of Citizenship  Current I-20 t official transcripts at Admissions and DPT)  upcoming semester before your trained ate//) | First Name    First Name   Firs |  |  |