



**INTERNATIONAL TRAVEL SIGNATURE REQUEST FORM**  
**J-1 EXCHANGE VISITORS: PROFESSORS, RESEARCH SCHOLARS & SHORT-TERM SCHOLARS**

**To be completed by the Exchange Visitor:**

DePaul ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Current Phone Number: \_\_\_\_\_  
 Current Residential Address in the U.S.: \_\_\_\_\_  
 \_\_\_\_\_  
 Residential Address outside the U.S.: \_\_\_\_\_  
 \_\_\_\_\_

Do you have J-2 dependents in the U.S. that require travel signatures?  YES  NO  
 If yes, please attach their original DS-2019 forms to this request.

**Travel Information:**

Date of Expected Departure from US: \_\_\_\_\_ Date of Expected Return to US: \_\_\_\_\_  
 J-1 visa expiration date: \_\_\_\_\_ Passport expiration date: \_\_\_\_\_

**Purpose of Travel (please check one):**

- Holiday /vacation/ personal/ business travel for less than 30 days.
- Research travel for 30 days or more - "Out of Country" approval is required. Please submit a letter from the DePaul host department prepared on DePaul letterhead explaining how research abroad relates to current research at DePaul, including the name and address of the foreign institution/location where you will research while outside the U.S. By signing this form, you attest that you will still be an active participant of DePaul University's Exchange Visitor program but will be pursuing your program activities outside the U.S. You also confirm that you will report to the ISS any address changes within 10 days of the change.

\_\_\_\_\_  
**Signature of J-1 Exchange Visitor** \_\_\_\_\_  
**Date**

*Note: Exchange Visitors who are finished with their program objective and are starting their 30-day grace period will not receive a travel signature from the ISS to return to the U.S. in J-1 status.*

**To be completed by the sponsoring department at DePaul University:**

I certify that the above mentioned exchange visitor is participating in the activities as stated on his/her DS-2019 form and that s/he is in good standing in this department.

\_\_\_\_\_  
 Supervisor or Department Head (PLEASE PRINT NAME) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

**Please forward the completed and signed form along with original DS-2019 form(s) and support letter, if "out of country" approval is required, to the International Student and Scholar Services (ISS) and allow at least 3 business days for the ISS to process this request. If you have any questions or concerns, please contact the ISS.**