

Form 2

Albert Career School Travel/Vacation/Reinstatement Add Dependent/Notify Law

___ DENIED ___ APPROVED ___ \$ CURRENT By: _____ Date: _____ Reason: _____ DUE DATE: _____

Allow 3 Business Days to Process

Current Date: _____ (Complete all items)

Family Name: _____ First Name: _____
 Phone #: _____ Email: _____
 Student ID#: _____ Level: _____ day evening alternate
 Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Select Request Type

<input type="radio"/>	TRAVEL REQUEST OUTSIDE US (Attach Original I-20 of all travelers) ___ Student ___ Dependents names: _____ Departure Date: _____ Return Date: _____ Destination: _____ Register and pay for next semester Yes No
<input type="radio"/>	VACATION OTHER THAN DEFAULT Request for vacation during ___ FALL Semester, 20___ ___ SPRING Semester, 20___ I will attend classes during Summer 20___ Prior to approval, paid and registered for summer session. YES NO Attach paid tuition receipt
<input type="radio"/>	REINSTATEMENT (Attach a copy of the letter you prepared explaining the situation to USCIS) <i>Process of reinstatement is lengthy and the PDSO must recommend that your I-20 be reactivated. Student is responsible to submit I-539 to USCIS, Albert will provide you with the information that you require to file your petition.</i> Date of termination: _____ Reason for termination: _____ Explain why you disagree with the termination: _____
<input type="radio"/>	LAW ENFORCEMENT ENCOUNTER (Attach copy of police report/ticket/etc) Explain: _____
<input type="radio"/>	ADD DEPENDENT (Attach copy of all new VISA, Passport, I-94, updated financial documents) Dependent: 1) _____ (name) _____ (date of birth) _____ (relationship) _____ (place of birth) 2) _____ (name) _____ (date of birth) _____ (relationship) _____ (place of birth)

This will certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement may result in the termination of my I-20 and/or legal action.

Student Signature: _____ Date: _____
 Approved by: _____ Date: _____

SCHOOL USE: Processed By: _____ Date: _____ Action: _____ _____ _____
