

REQUEST FOR RE-ENTRY PERMIT

Name _____ Student ID # _____
(Please print, and underline family name)

Birthday _____ SEVIS ID # _____
(month/day/year)

Address _____ Telephone _____
_____ E-Mail _____

Where are you going? _____

For what purpose are you leaving? _____

Eugene departure date _____ Date of return to U.S. _____

Has your major changed? ☐ Yes ☐ No If yes, what is your new major? _____

Have your financial resources changed in any way? ☐ Yes ☐ No If yes, please describe how
they have changed. _____

If your spouse or other dependents will accompany you, list their names and dates of birth. _____

My passport is valid until _____

My student visa is valid until _____

My I20 expires on _____

Signature _____ Date _____

(This section is for office use)

Academic standing _____ Financial status _____

Page 4 of I-20 signed _____ New I-20 issued _____

TSICSRV _____ DSO initials _____