CONTINUING & PROFESSIONAL STUDIES PROGRAM - DEPARTURE FORM

US Federal Immigration regulations require students in F1 Student status to notify the International Student Service Center when they are completing their program of study. Unofficial withdrawal by F-1 students may result in the loss of their legal status while in the U.S. F-1 students are therefore required to receive authorization if they intend to miss any classes. Absences of more than 20% may result in dismissal from the program.

Student completes this section:

Name: ____________________________________________________________________________
(Please print) First Middle Last

Field of study: □ ESL □ CABPS

Student ID #: ____________________________ SEVIS #: N__________________________

E-Mail Address: __________________________________________________________________

Telephone #: ____________________________ Completion Date: ______/______/_______

I ____________________________ will not be applying for Optional Practical Training.

□ I plan to return to my home country Date of Departure: __________________________

Forwarding Address: __________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

►
The above-named student is presently in F-1 (student visa) status and is requesting permission to be excused from classes for ________ days. If you do not object to giving this student time off from classes and can arrange to have him/her make up any missing work within the allotted time specified in item #5 of the SEVIS I-20.

Thank you.

__________________________________________
Advisor Completes This Section:

Completion of program ☐

Authorized Withdrawal ☐

I anticipate that this student will complete all the requirements for the current program of study on or about:

Fall: ___/___/___  Winter: ___/___/___  Spring: ___/___/___  Summer: ___/___/___

__________________________________________
Advisor’s Name (Please print)

__________________________________________
Tel.: ____________________________

Advisor’s Signature

__________________________________________
(Designated School Officer’s Use Only)

ISSC Action: ______________________________

Initials: ____________

Student Contacted (date): ____________________

Revised 07/2007