INTERNATIONAL STUDENT DEPARTURE FORM

Federal SEVIS regulations require students in F1 status to notify the International Student Service Center when they are completing their studies or program.

Reasons for completion include: graduation, completion of program, termination of studies, withdrawal, leave of absence or transfer to another school.

Student completes this section:

Name: ___________________________________________ ID # ________________________________
(Please print)

E-Mail: __________________________________________ Telephone: ____________________________

Major: ________________________________________ Completion Date: ______ / ______ / ______

Degree Sought: ______ Bachelor's

______ Master's

I __________________________ will not be applying for Optional Practical Training.
(Student’s signature)

☐ I plan to return to my home country Date of Departure: ________________________________

Forwarding Address:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Note: If you will be graduating, you must also attach the Receipt for Graduation obtained from the Registrar’s Office, which states your intention to graduate.
Advisor completes this section only if the student is departing the College for one of the following reasons: Graduation, completion of program, termination of studies, withdrawal or leave of absence.

Semester and Year for this request:  
Fall: __________  Winter: __________  Spring: __________

Summer: _______ (Term 1) ________ (Term 2) __________

The student is currently enrolled:  
☐ Full-Time  ☐ Part-Time

The Student is currently enrolled for the following courses:
1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________

___________________________________________ Date: ______________________
Advisor’s Name (please print)  
___________________________________________ Telephone: ______________________
Advisor’s Signature

For Office Use Only

ISSC Action: ________________________________
Date: ______________  Initials: ______________  Entered in SEVIS (Date): ______________
Student Contacted (date): ________________

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE INTERNATIONAL STUDENT SERVICE CENTER