CONTINUING & PROFESSIONAL STUDIES PROGRAM -
TERM EXEMPTION FORM

US Federal Immigration regulations require students in F1 student status to have completed three (3) terms in fulltime status before being granted permission for a term exemption. Since students must be registered for each session in the SEVIS System, students who are therefore applying for a term exemption must have prior approval from their program coordinator.

Student Completes This Section:

Name: ____________________________________________________________
(Please print) First       Middle       Last

Field of study: □ ESL   □ CABPS

Student ID #: __________________________ SEVIS #: N ______________________

E-Mail Address: ______________________________________________________

Telephone #: __________________________ Expected Completion Date: _____ / _____ / ______

☐ I plan to return to my home country
☐ I intend to remain in the U.S

Date of Departure: __________________________

Comments:
______________________________________________________________
______________________________________________________________

Forwarding Address: _____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

[Please be advised that you are required to pay a tuition deposit of $400 for your term exemption]
The above-named student is presently in F-1 (student visa) status and is requesting permission for a term exemption. If you do not object to granting this student request, please sign in the space provided below.

Thank you.

__________________________________________________________________________________
Advisor Completes This Section:

I anticipate that this student will return for the next program of study for the following session:

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

___________________________________
Advisor’s Name (Please print)

_______________________________  Tel.: __________________________
Advisor’s Signature

(Designated School Officer’s Use Only)

ISSC Action: __________________________

DSO’s Signature: __________________________  Student Contacted (date): __________________________

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