

**Student Departure Form**

**PLEASE READ THESE INSTRUCTIONS BEFORE SUBMITTING THIS FORM**

Please complete this form to indicate your **final** departure from the U.S. **especially if that departure date is earlier** than

the program end date on your I-20/DS-2019/EAD. Please mail, e-mail or drop off the form to International Programs.

**Do not fill out this form if you are:**

1. Transferring your I-20/DS-2019 to another educational institution. Please complete and submit the appropriate

transfer-out form.

1. Changing non-immigrant status within the U.S. Please submit a copy of the Change of Status I-797 Approval

notice to IP.

1. Leaving the U.S. temporarily, but have plans to resume your studies/research/OPT upon your return. If you will be outside of the U.S. for more than 30 days (except during approved vacation periods), please schedule an appointment to review your situation with IP to discuss your options.

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immigration Status: \_\_\_\_\_ F-1 or \_\_\_\_\_ J-1 Category: \_\_\_\_\_ Student \_\_\_\_\_ Scholar

Completion date for studies/research/OPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure date from U.S.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Foreign Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Street Name & Unit/Apartment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City District (If Applicable) State or Province Country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Postal Code Alternative Email Address

By completing this form, I authorize IP to complete/close/end my SEVIS record. I understand that once my SEVIS record is completed/closed/ended I will be able to remain in the U.S. for the grace period authorized for my status (F-1=60 days, J-1=30 days). I understand that after my SEVIS record is completed/closed/ended it will not be able to be transferred or reactivated. If my plans change I will notify IP immediately.

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Signature Date