

**English Language Institute Withdrawal Form**

This form is to be used by UNCP English Language Institute (ELI) students who wish to withdraw from the program. Please complete this form and submit it to International Programs (IP) prior to dropping classes. Approval to withdraw from the program must be obtained prior to dropping classes and/or departing the U.S. to ensure that appropriate guidance is provided and that documentation is on file, especially because your immigration status will be directly impacted.

**STUDENT SECTION**: *Please complete this section of the form if you are the student.*

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEVIS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa type: \_\_\_\_\_F‐1 \_\_\_\_J‐1

Current I-20/DS-2019 End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Passport Expiration: \_\_\_\_\_\_\_\_\_\_\_I-94 ‘Admit Until Date’: \_\_\_\_\_\_\_\_\_\_\_\_\_ I-94 Class of Admission: \_\_\_\_\_\_\_

Withdraw Date from Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of departure from the U.S.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select reason(s) for withdrawing.**

□ No longer wish to study □ Family circumstances or emergency □ Financial circumstances

□ Medical reasons □ Other (briefly explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please carefully read and certify the below information:**

* I authorize IP to complete/close/end my SEVIS record. I understand that once my SEVIS record is completed/closed/ended I may or may not have a grace period to remain in the U.S.
* I understand that after my SEVIS record is completed/closed/ended it will not be able to be transferred or reactivated.
* I understand that I will not receive any refund if I am withdrawing after the first day of ELI classes.
* I understand that it is my responsibility to close my student account and pay any outstanding bills.
* I have been advised of my options.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**ACADEMIC ADVISOR SECTION:** *Please complete as the assigned Academic Advisor for this student.* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_ @uncp.edu
Have you met with the student to discuss withdrawing from the program? \_\_\_\_\_ Yes \_\_\_\_\_ No
Have you advised the student of their academic options/consequences of withdrawing? \_\_\_\_\_ Yes \_\_\_\_\_ No
Has student maintained continuous enrollment & made satisfactory academic progress? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date