NOTIFICATION OF DEPARTURE/EARLY WITHDRAWAL/COMPLETION OF PROGRAM

IMPORTANT: This notification is for immigration reporting purposes only and does not replace the student's responsibility to comply with the University's official drop-add policy.

_____ _____ _____
Last Name First Name Middle Name

Foreign Address: _____ Immigration Status (F-1 or J-1): _____

_____ Date of Birth: _____

Phone: _____ WIN ID#: _____ SEVIS ID#: _____

E-mail: _____@wmich.edu Country of Birth: _____

Departure Date: _____ Country of Citizenship: _____

Department/College: _____ Major: _____
(e.g.: College of Engineering)

Degree Program: B.A._____ B.S. _____ M.A. _____ M.S. _____ Ph.D. _____ Other:_____

I-20 Program Start Date: _____ I-20 Program End Date: _____

Please carefully read the information below and check the box that applies to you:

☐ This is my first semester at Western Michigan University; but I must leave the U.S. immediately due to _____. I understand that my current SEVIS record will be terminated, and I will need to contact the International Services and Student Affairs (ISSA) for a new I-20 if/when I am ready to return to school.

☐ I certify that due to certain circumstances I must depart the U.S. and will not be returning within 5 months and understand that my SEVIS record with WMU will be terminated. I understand I will need to request a new I-20 should I decide to return to the U.S. to attend Western Michigan University.

**** Prior to retuning to the U.S., you must check with a U.S. consulate to determine whether your F-1 visa is still valid. If not, you might be denied entry into the U.S.***

☐ *(for continuing students with good immigration standing only)* I certify that due to certain circumstances I must depart the United States immediately (during a regular semester) and will return to the U.S. to continue my studies at Western Michigan University within 5 months. I plan to register for the _____ 200__ semester and ask that ISSA maintain my F-1 SEVIS record.

☐ I certify that I have completed my degree program at Western Michigan University and will not apply for post-completion Optional Practical Training (OPT); and will be returning to my home country. Therefore, I authorize ISSA to complete my program in SEVIS.

_____ _____ _____
Print Name of Student Student Signature Date

For Office Use Only: Date of Receipt: _____ ISSA Advisor: _____

Date SEVIS Record Terminated or Completed: _____ By: _____

WESTERN MICHIGAN UNIVERSITY
INTERNATIONAL SERVICES AND STUDENT AFFAIRS
4255 ELLSWORTH HALL ◇ KALAMAZOO, MICHIGAN 49008-5246 ◇ (269) 387-5866 ◇ FAX (269) 387-5899