



JOHNSON & WALES

U N I V E R S I T Y

Departure Form

For Students in F-1 and J-1 Status

TO BE COMPLETED BY THE STUDENT:

Family Name: _____ Given Name: _____

JWU ID #: _____ SEVIS ID #: _____

Date of Departure: _____

Reason for departure from Johnson & Wales University (please check one):

- ☐ Transfer to another institution
- ☐ Taking time off from JWU to go home
- ☐ Degree completed
- ☐ Optional Practical Training completed
- ☐ Other (Explain) _____

Do you plan to return to Johnson & Wales University in Providence? ☐ YES ☐ NO

If yes, when do you plan to return? _____

New Contact Information

Street Address: _____

City: _____ Country: _____ Zip code: _____

Phone: _____

Email (preference Hotmail or Yahoo): _____

Signature

Date