



Office of International Student & Scholar Services

Departure From University INTERNATIONAL STUDENT & SCHOLAR SERVICES

This form is used by international students who are leaving St. Thomas University due to transfer, graduation, completion of exchange program, withdrawal, an authorized leave of absence for personal or academic reasons. If you are registered as a St. Thomas University student even while outside the U.S. you will be charged health insurance. Please note: If you are out of the country for more than 5 months, you cannot reenter the U.S. using your current I-20 or DS-2019. Please contact ISSS for a new document.

STUDENT INFORMATION

LAST/FAMILY NAME

E-mail Address

Program Level

First/Given Name

Telephone Number

Academic School

REASON FOR DEPARTING St. Thomas University

CHECK ONE:

- Transferring** to another U.S. institution (attach copy of admission letter to this form)
Name of Institution: _____ City: _____ State: _____
I request my SEVIS record be released to the above institution on: Date _____
- Graduating or Completing Exchange Program** and will NOT apply for employment authorization (OPT or AT),
Graduation/Completion Date: _____ Approximate Date Leaving U.S.*: _____
*Must leave within 60 days if F-1 or 30 day of J-1
- Completing Employment OPT or AT** OPT/AT End Date: _____ Date Leaving U.S.*: _____
*Must leave within 60 days if F-1/30 day or J-1
- Authorized Withdrawal** for all courses or program (attach official withdrawal authorization form).
Date of withdrawal: _____ Date Leaving U.S.: _____ *Must leave within 15 days
- Approved Leave of Absence** (attach official withdrawal authorization form)
Date Leaving U.S.: _____ Plan date to resume studies on**: _____
- Personal or Academic Reasons** please explain, additional documentation may be requested:

- Study Abroad Program**, provide program dates: _____
- Conducting thesis or dissertation research abroad.** (Submit academic advisor written authorization to ISSS)

****Please notify ISSS when you plan to resume our studies. You may need a new I-20 or DS-2019 to reenter the U.S.**

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| I certify that the above information is accurate, and that I will contact ISSS if my situation changes. | |
| Signature: _____ | Date: _____ |