

This form is to be completed by students who plan to leave CSUDH either permanently or temporarily.

BIOGRAPHICAL INFORMATION	
TODAY'S DATE (MM/DD/YYYY):	
LAST NAME (as it appears on passport):	
FIRST NAME (as it appears on passport):	
CSUDH STUDENT ID:	

PLEASE INDICATE THE REASON YOU WILL LEAVE CSUDH BELOW:
<input type="checkbox"/> I have completed my degree program/non-degree program and <u>will not</u> apply for OPT <input type="checkbox"/> I have completed my OPT and will be leaving the U.S. <input type="checkbox"/> I am withdrawing from CSUDH <input type="checkbox"/> I am requesting a Leave of Absence <input type="checkbox"/> I will be attending another U.S. school and would like my SEVIS record transferred on this date: (_____ / _____ / _____) MM/DD/YYYY <input type="checkbox"/> I have changed my status and no longer need an active F-1 SEVIS record <input type="checkbox"/> I will need to be outside of the U.S. for less than 5 months and am aware of SEVIS reactivation requirements
PROGRAM COMPLETION DATE LISTED ON YOUR I-20:
DATE YOU WILL LEAVE THE U.S. :

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE REVIEWED THE DEPARTURE CHECKLIST. I UNDERSTAND HOW MY DEPARTURE AFFECTS MY F-1 SEVIS RECORD AND MY ABILITY TO RETURN TO THE U.S. IN THE FUTURE.	
STUDENT'S SIGNATURE:	DATE (MM/DD/YYYY):

ISS Use Only: Date Received: _____ Advisor: _____