F-1 Student Departure Form

This form is to be completed by any F-1 student who is leaving the University permanently, for an entire semester, or for a period of time longer than 5 months. Submit this form in person to an F-1 adviser.

Name: __________________________________________ __________________________________

Family                           First                                  Middle

Student ID: ________________________________________________________________________

Permanent Email: ____________________________________________________________________

Phone:_________________________________________________

Please read through the options below and select the situation that applies to you:

☐ I am taking a leave of absence of more than five months; or
☐ I am terminating my program at the University.

• Your SEVIS record will be terminated with the reason “Authorized Early Withdrawal.”
• You have 15 days from your withdrawal date to depart the U.S.
• If you intend to return to UMD to resume study, you must contact ISS for a new I-20 at least three months prior to your intended return by sending an email to naug0026@umn.edu.
• If you return to the University, you must be a full-time student for one academic year before applying for CPT or OPT.
• You will be required to pay the SEVIS fee again.
• If you return to the University for summer session, you must enroll full-time.

Date of withdrawal from classes:__________________

Student must depart the U.S. no later than:________________

Date of departure from the U.S.:_______________

Expected month/year of return (if applicable):________________

☐ I have completed my academic program and plan to depart the U.S. I am not interested in applying for OPT.

• Your SEVIS record will change to a status of “Completed.”
• You must depart the U.S. within 60 days of your degree completion date.

Date of completion of degree or exchange program:________________

Date of departure from the U.S.:_____________

☐ I have completed OPT and plan to depart the U.S.

• Your SEVIS record will change to a status of “Completed.”
• You must depart the U.S. within 60 days of your OPT completion date.

☐ I am reaching 90 days of unemployment.

• Your SEVIS record will change to a status of “Completed.”
• If you have notified ISS prior to the 90th day you have 60 days to depart the U.S., get admitted to a new program, or gain another immigration status.
• If you did not report this information prior to the 90th day, you must leave the U.S. immediately.

Date of completion of OPT:__________________ Date of departure from the U.S.:________________

☐ I am transferring to another U.S. institution.

• Your SEVIS record will be transferred to your new school on the “release date” that you indicate below.
• The “release date” must be after you have completed all coursework and employment at UMD.
• You must NOTIFY ISS PRIOR TO YOUR RELEASE DATE if your plans change. ISS cannot access your SEVIS record to make changes after the release date has passed.

Full name of new school:______________________________

New school code (if known)____________________________________________________________

City and State:_____________________________ Transfer release Date:_____________________

Currently on OPT? ☐ Yes ☐ No

Please Turn Over>>>>>>>>>>>>

International Student Services intserv@d.umn.edu

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F-1 Student Departure Form (cont’d)

☐ I will apply or have applied to change my visa status to ______________________
  • If you are applying for a new visa status, the application must be received by USCIS within 60 days of your degree, exchange program, or OPT completion date.

☐ My change of status has been approved. New visa type ____________
  Effective date ______________________
  • Please provide a copy of the I-797 approval form for our files.

☐ I am departing the U.S. for more than 5 months to conduct full-time research for my degree program.
  • Your SEVIS record will remain active during your absence.
  • Obtain a letter from your academic adviser authorizing that you will be engaged in full time research while you are outside of the U.S. Carry that letter with you when you travel.
  • You must maintain active academic status in the Graduate School by enrolling for thesis credits or Grad 999 during every semester of your absence.
  • If you enroll for less than 6 credits (including Grad 999), you must also submit a Reduced Course Load Form every semester of your absence so your SEVIS record is not terminated due to less than full-time enrollment.
  • You must continue to provide a U.S. mailing address in the “Update Personal Information” section in OneStop during your absence.
  • Prior to returning, ensure that you have a valid re-entry signature on page 3 of your I-20.
  • Students not conducting research (or studying abroad for the 2nd one) in their home country will still be required to purchase University health insurance while abroad.

  Date of departure from the U.S.: __________________ Expected month/year of return: ________________

☐ I am participating in a study abroad program.
  • Your SEVIS record will remain active during your absence.
  • You must be pursuing a full-time course of study during your absence. Obtain a letter from your academic adviser authorizing that you will be engaged in a full time study abroad program that meets your degree requirements. Carry that letter with you when you travel.
  • Submit a Reduced Course Load Form if you will be full-time, but your credits will not appear on your UMD record at the start of the semester. A new Reduced Course Load Form is required every semester.
  • You must continue to provide a U.S. mailing address in the “Update Personal Information” section in OneStop during your absence.
  • Prior to returning, ensure that you have a valid re-entry signature on page 3 of your I-20.
  • Students not conducting research (or studying abroad for the 2nd one) in their home country will still be required to purchase University health insurance while abroad.

  Study Abroad program dates: ________________ to ________________
  Date of departure: __________________ Date of return: __________________

  Country of Study Abroad: ____________________________

☐ Other:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Date of departure from the U.S.: ________________________

I certify that I have discussed my intended departure with an ISS adviser and I understand how my departure affects my F-1 SEVIS record and my ability to return to the U.S. in the future. I will notify ISS immediately if my plans change.

Student Signature ___________________________________________ Date ________________________

ISS Adviser Signature ________________________________________ Date ________________________

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