TheChicagoSchool®

Global Engagement

F-1/J-1 DEPARTURE VERIFICATION FORM

LAST NAME: _____ **STUDENT ID#:** _____

FIRST NAME: _____ **MIDDLE NAME:** _____

SCHOOL E-MAIL: _____ **PHONE #:** _____ **LOCATION:** _____

DEGREE LEVEL: _____ **PROGRAM:** _____ **SEVIS ID#: N**_____

Please select one of the following:

☐ I will leave the U.S. and return to my home country

☐ I will no longer use my OPT/AT and will return to my home country

☐ I will change from my current status to another status **NEW STATUS:** _____
***Must also include evidence of new status to the Global Engagement office.**

☐ I will transfer to: (Institution name) _____
(Date of transfer) _____
***Must also include Transfer Out form and admissions letter from your new institution**

REASON FOR TRANSFER: ☐ ACADEMIC ☐ PERSONAL ☐ OTHER: _____

☐ Other reason (leave of absence, withdrawal, termination of studies due to illness, family emergency, etc.)
PLEASE SPECIFY: _____

STATUS PRIOR TO DEPARTURE: ☐ F-1 ☐ J-1 ☐ F-1 OPT WITH EAD CARD ☐ J-1 WITH AT ☐ OTHER: _____

COMPLETED THE DEGREE PROGRAM: ☐ YES ☐ NO ☐ NON-DEGREE

NEW CONTACT INORMATION

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ **STATE/PROVINCE:** _____

COUNTRY: _____ **POSTAL CODE:** _____

PHONE: _____ **EMAIL:** _____
(Non School e-mail)

Effective _____ (mm/dd/yyyy),
I will no longer need the benefits associated with my nonimmigrant status currently sponsored by The Chicago School, including the student health insurance.

I understand that this form does not withdraw me from The Chicago School, and I am responsible for contacting the Office of the Registrar to formally withdraw from the institution.
(Transfer students - Indicate your SEVIS release date.
Students in a status not sponsored by The Chicago School - Indicate the date in which you will no longer be a student at The Chicago School.)

STUDENT SIGNATURE: _____ **DATE:** _____