

F-1/J-1 DEPARTURE VERIFICATION FORM

LAST NAME: _____ STUDENT ID#: _____
FIRST NAME: _____ MIDDLE NAME: _____
TCSP 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 DSO/ARO
- 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 INFORMATION

ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY: _____ STATE/PROVINCE: _____
COUNTRY: _____ POSTAL CODE: _____
PHONE: _____ EMAIL: _____
(Non TCSP e-mail)

Effective _____ (mm/dd/yyyy),
I will no longer need the benefits associated with my nonimmigrant status currently sponsored by TCSP.

I understand that this form does not withdraw me from TCSP, 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 TCSP - Indicate the date in which you will no longer be a student at TCSP.)

STUDENT SIGNATURE: _____ DATE: _____