F-1/J-1 Authorized Early Withdrawal

This section must be completed by the student.

Last semester in which I will be enrolled full-time at Lamar University: _____ / _____

Semester   Year

Scheduled date of departure from the United States: _____ / _____ / _____

Month   Day   Year

By signing this form, I certify that the information provided is true and accurate; I understand the rules and regulations concerning my Authorized Early Withdrawal and agree to all conditions listed on the front of this form. I will inform OISPS immediately and in writing if my circumstances change.

Student Name: _____ Student Signature: _____

Date: _____ L#: _____ Phone #:_____

This section must be completed by the student's academic department.

Are you aware that this student intends to take a leave of absence or withdraw from the University?   Yes   No

Number of hours the student plans to complete during their leave of absence or after withdrawing (Please write "0" if the student does not plan to enroll):_____

Maximum number of months for which a student can take a leave of absence or be withdrawn from their current academic program without being required to re-apply for admission to Lamar University (Please write "0" if the student will be unable to resume their degree without re-application): _____

Academic Advisor, Department Head, or Department Graduate Advisor

Name: _____Signature: _____Date: _____

Title: _____ E-mail: _____Phone: _____

This section must be completed by Sponsored Student Programs for all sponsored students.
Sponsored students must obtain a Sponsored Student Programs (SSP) Advisor's signature before submitting this form to OISSP.

SSP Advisor's signature: _____Date: _____

This section will be completed by an OISPS Advisor.

SEVIS Termination Date: _____ / _____ / _____

Month   Day   Year

OISPS Advisor's signature: _____ Date: _____