Early Departure/Withdrawal Form

Cal State Monterey Bay

This form is to be used for international students who are leaving CSUMB due to transfer, graduation, completion of program, withdrawal, authorized leave of absence, personal or academic reasons earlier than the date indicated on the I-20 or DS-2019.

Student Information:

Student Last/Family Name:	Student First/Given Name:	CSUMB student ID #:
Personal email:	Term:	Start Date of Term:

Reason for Departure (select one):

Successful Completion of program

- ☐ Early Graduation and will NOT apply for employment (OPT/AT)
- ☐ Early Graduation (must attach letter from academic advisor confirming new graduation date)
- ☐ Completion of Employment OPT or AT

Discontinuing studies

- ☐ Reducing duration of Exchange program (must include reason in remarks section)
- ☐ Transferring to another U.S. Institution (attached admission letter and transfer form)
- ☐ Authorized Withdrawal from program (attach approved University Withdrawal form)

Leave of absence

- ☐ Approved Leave of Absence (attached approved leave of absence form)
- ☐ Study Abroad or Thesis/dissertation research abroad (attach acceptance/invitation letter)
- ☐ Remain in U.S. with medical authorized reduction in course load (attached medical verification)

Important:

* You are responsible for making sure all of your classes are completed or dropped, all outstanding bills have been paid, notifying housing/your landlord of your departure and canceling your meal plan.
* You must plan to depart the U.S. within your allotted grace period: 60 days for F-1, 30 days for J-1.
* You are not allowed to work on campus during the grace period after the date you withdrew from classes.
*If you are out of the country for more than 5 months, you cannot reenter the U.S. using your current I-20 or DS-2019, please contact the International Programs office for a new I-20 or DS-2019.

Remarks: (Please indicate explanation for early departure or university withdrawal)

Date of Withdrawal or New date of completion: ____/____/_____	When do you intend to reenroll at CSUMB? ____/____/_____ (for leave of absence ONLY)
Student Signature: *I have read and understand my responsibilities as outlined above.*	Date:

International Programs office approved early departure and updated SEVIS record?	**Yes** ☐ **No** ☐
CSUMB Approving official signature:	Date:

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