F-1/J-1 Authorized Early Withdrawal

Last semester in whi	This section must ch I will be enrolled ful		University:		./ Year	_
Scheduled date of de	parture from the Unite	d States:	Semester /	/		
By signing this form, regulations concerni	I certify that the inforn ng my Authorized Early SPS immediately and i	nation provided y Withdrawal an	is true and accu d agree to all co	rate; I und nditions li	derstand the rul	
Student Name:	Stude	nt Signature:				
Date: L#:	Pho	one #:				
This	s section must be com	pleted by the s	tuden t's acade	mic depa	rtment.	
Are you aware that th	is student intends to ta	ake a leave of abs	sence or withdr	aw from t	he University?	Yes No
	student plans to comp nt does not plan to enro			e or after	withdrawing (F	'lease
current academic pro	months for which a stogram without being rent will be unable to res	equired to re-app	oly for admission	n to Lama	r University (Pl	ease
Academic Advisor, I	Department Head, or	Department Gr	aduate Adviso	r		
Name:	Signature:		Date:			
Title:	E-mail:		Phone:		_	
	e completed by Spons must obtain a Sponsore					omitting
SSP Advisor's signatu	ıre:		Date:	<u>-</u>		
This section will be	completed by an OISI	PS Advisor.				
SEVIS Termination D	ate: Month	_//				
OISPS Advisor's sian:	Month ature:		Year			

[&]quot;State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."