

International Student Departure Form

Personal Information

Name	LBCC ID (X) Number
I-20 Expiration Date	SEVIS ID

Purpose of this Request

- **Leave of Absence** Term: _____ Departure Date: ___/___/___ Return Date: ___/___/___

Must be requested by last day to ADD classes. Requires a meeting with a DSO.

- **Early Withdrawal** Term: _____ Departure Date: ___/___/___ Return Date: ___/___/___

Requires a meeting with a DSO.

- I intend to resume my studies at LBCC within less than 5 months of my departure date.
- I intend to resume my studies at LBCC more than 5 months after my departure date.
- I have been suspended from LBCC and am leaving the United States.
- I do not intend to return to LBCC.

- **Transfer Out** SEVIS Transfer Date ___/___/___ (determined by the DSO)

Requires a copy of your acceptance letter to the new school.

Name of New School: _____ Start Date: _____

- **Complete Program/Graduation** Term: _____ Departure Date: ___/___/___

Requires leaving the U.S. within 60 days (grace period).

Student's Signature _____ Date: _____

Non-LBCC Email: _____

ADVISOR NOTES	<input type="checkbox"/> Approved	<i>SEVIS</i>	<input type="checkbox"/> Notes	<i>Regroup</i>	<input type="checkbox"/> Charge
	<input type="checkbox"/> Denied		<input type="checkbox"/> Inactive Attribute		<input type="checkbox"/> Hold
					<input type="checkbox"/> Update Spreadsheet