

1. Student Information

Please write clearly

Family Name:		Given Name:		Date:
Student ID#:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Cell #:	Date of Birth: MM/DD/YYYY	
E-mail:		Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1	Are you on OPT?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US address:			Apartment Number (if any):	
City:		State:	Zip Code:	
Major:				
Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> ELP <input type="checkbox"/> Study Abroad in the USA <input type="checkbox"/> Academic Pathway Program				

Requests will be processed by the 5th business day after 12pm

2. Select your reason for departure

Completion of program or OPT

**Students with an F-1 visa must exit the U.S. within 60 days (J-1 visa must exit within 30 days) from your completion

Early termination from Optional Practical Training (F-1)/Academic Training (J-1)

*Student must depart the U.S. within 15 days from your last day of employment

Change of status to other than F-1 or J-1

*Proof of new status must be submitted at the time of request

Emergency/Personal Reason

*Leaving before completion of program.

Reason for Departure:

<u>Financial</u>	<u>Academic</u>	<u>Personal</u>	
Lack of Personal Funding	Program not offered	Family/Friends	Other: _____
	Graduated at CSUSB	New Environment	
	Seeking another Institution	Other: _____	

Note: You will not be eligible to re-enter the U.S. on your current I-20/DS 2019.

3. Health Insurance Refund

****Health insurance refund is only available for students leaving the country prior to the expiration date of their health insurance plan.****

Date leaving the US: _____

4. Signature: _____ Today's date: _____

Office Use Only

Completed by: _____ Date: _____

Comments: _____

Holds Cleared: _____ Insurance Refund: _____

DSO Use:
SEVIS Action: _____ DATE: MM/DD/YYYY