



Authorized Early Withdrawal for F-1 Students

Please allow 5 full business days for processing a complete application

To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ Degree Level: _____

Major: _____ Phone number: _____

SCSU e-mail: _____ Personal e-mail: _____

International address: _____

Date of departure from the U.S.: _____ Itinerary/proof of departure attached: _____

I am applying for *(please choose one)*:

_____ **Temporary absence of less than 5 months**

- I will return to the U.S. to resume my studies within 5 months of my SEVIS termination date.
- I will notify the Center for International Studies at least 30 days prior to my return and provide my returning flight itinerary.
- My SEVIS record must be re-activated before I can apply for a new visa or re-enter the U.S.
- Upon my return to St. Cloud State University, I will check-in with the Center for International Studies with my I-20, passport, and I-94 card within 30 days of my arrival in the U.S.

_____ **Absence/Withdrawal of more than 5 months**

- I will return to the U.S. to resume my studies more than 5 months from my SEVIS termination date.
- I will notify the Center for International Studies at least 3 months prior to my return and submit a [Returning Student Same Level](#) form and financial documents to cover one academic year.
Note: Department of State advises students to apply for a new visa at a U.S. Consulate or Embassy before re-entry if returning from a leave of greater than 5 months with an initial attendance I-20, even if the current visa has not expired. You must also pay a new SEVIS fee.
- Upon my return to St. Cloud State University, I must check-in with the Center for International Studies with my I-20, passport, and I-94 card within 30 days of my arrival in the U.S.

If you need to drop/withdraw from a course/s you must submit a copy of this form to **Records & Registration (AS118)**. *Note: If you are withdrawing from a course after the withdrawal deadline, you must complete the **Late Withdrawal form** (http://www.stcloudstate.edu/provost/forms/late_withdrawal.pdf) and return it to the appropriate office as listed on the form.*

Please update your academic advisor, employer, and other appropriate SCSU staff of your departure and plans for returning.

By signing below, I hereby understand that as part of my authorized early withdrawal from St. Cloud State University my SEVIS record will be terminated and I must depart the U.S. within 15 days of that termination date.

Student Signature: _____ Date: _____

Center for International Studies USE ONLY

Signature of Center for International Studies advisor: _____ Date: _____