

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:
	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
 <u>Returning Student Same Level</u> 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** (<u>http://www.stcloudstate.edu/provost/forms/late_withdrawal.pdf</u>) 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:
Center for International Studies, Lawrence Hall 101, 72 Phone: 320-308-4287 / Fax: 320-308-4223	20 Fourth Ave South, St Cloud, MN 56301