Important: This notification is for immigration reporting purposes only and does not replace the student's responsibility to comply with the Jackson College's official drop/add policy.

Student Information:

Last name_____ First name _____ Middle name_____

Student ID #:_____ SEVIS #:_____Date of birth:_____

Visa Type: _____ Email: _____

Departure date:_____

Before you leave Jackson College, be sure to take care of any financial obligations, drop classes, cancel your health insurance, and notify your department and/or academic advisor of your departure. **Any employment authorization ends with non-enrollment.**

Please carefully read the information below and check the box that applies to you:

☐ I certify that due to my circumstances I must depart the U.S. and I am requesting early withdrawal from my F-1 program. I understand that my SEVIS record with Jackson College will be terminated for Authorized Early Withdrawal after which I must depart the U.S. within 15 days. I understand I will need to contact International Admissions and Services 2-3 months in advance to request a Form I-20 if I want to return to the U.S. to attend Jackson College.

☐ I certify that I have completed my degree program at Jackson College and I do not intend to apply for post-completion Optional Practical Training, transfer, or change of education. I authorize Jackson College to complete my program in SEVIS and I understand that I must timely depart the U.S.

☐ I certify that I have completed my post-completion OPT or that I am abandoning my current OPT before the OPT end-date. I do not intend to apply for transfer or change of education. I authorize Jackson College to complete my program in SEVIS and I understand that I must timely depart the U.S.

After successful program completion, F-1 students have a 60-day grace period to depart the U.S. Prior to returning to the U.S., you must check with a U.S. consulate to determine whether your visa is still valid. If not, you might be denied entry into the U.S.

_____   _____   _____

Student name (printed)   Student signature   Date

DSO Signature: _____   Date: _____

Updated in SEVIS Date: _____