Authorized Early Withdrawal Request

Today's Date: __________

Name: _______________________________ W#: _________________________

By signing below, I agree:

• My SEVIS record will be terminated for “Authorized Early Withdrawal”

• I plan to depart the US on _________ but must leave the United States on or before: ________________

• I plan on returning to Weber State on: _____________

• Using my WSU email, I will notify the ISSC at least 60 days before I wish to re-enter the United States

• I will not attempt to re-enter the US until the ISSC has notified me that my I-20 has been reactivated

• If I am absent from the US longer than 5 months from my termination date, I am responsible for reapplying to Weber State University, paying the SEVIS fee, and entering the US on the new I-20

• I am responsible for withdrawing from my classes and paying any owed balance due to WSU

Signature: ________________________ Date: ___________

-------------------------------------To Be Completed by ISSC-----------------------------------

Date Student Notified ISSC of desire to withdraw: __________

Date Terminated: ___________ By: _____________________________

For Reactivation:

Date Student Left Country: __________ Date Student Will Return: ____________

Date Student Notified ISSC of intent to return: __________

Date Reactivated: ___________ By: _____________________________