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 departed: ____________ Date Student Will Return: ____________

Date student notified ISSC of intent to return: ____________

Date reactivated: ____________ By: ________________________________