F-1/J-1 Authorized Early Withdrawal

		ection must be co					
		be enrolled full-time		5			
	to of doporturo f	rom the United State N		Semester	/	Year	
Scheduled dal	te of departure i	rom the United State	lonth	/ 	/	Voar	
By signing thi regulations co	s form, I certify oncerning my Au	that the information Ithorized Early Withor ediately and in writi	provided is drawal and	true and accu agree to all co	rate; I ur nditions	nderstand the	rules and ront of this
Student Name	2:	Student Sign	ature:				
Date:	L#:	Phone #:_					
	This section	must be completed	d by the stu	ident's acade	micdep	artment.	
Are you aware	e that this stude	nt intends to take a le	eave of abse	nce or withdr	aw from	the University	y? Yes No
		plans to complete du ot plan to enroll):			e or afte	r withdrawing	j (Please
current acade	emic program wi	for which a student of thout being required a unable to resume the theorem of the second student of the second	to re-apply	/ for admissio	n to Lam	ar University	(Please
Academic Ad	lvisor, Departm	ient Head, or Depar	tment Gra	duate Adviso	r		
Name:		_Signature:		Date:			
Title:		E-mail:		Phone:			
	udents must obt	eted by Sponsored S ain a Sponsored Stuc					
SSP Advisor's	signature:		Da	ate:			
This section	will be comple	ted by an OISPS Adv	isor.				
SEVIS Termin	ation Date:	///	/	Voar			
OISPS Advisor	r's signature:		Date	:			

[&]quot;State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."