

# F-1/J-1 Authorized Early Withdrawal

This section must be completed by the student.

Last semester in which I will be enrolled full-time at Lamar University: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

Scheduled date of departure from the United States: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

By signing this form, I certify that the information provided is true and accurate; I understand the rules and regulations concerning my Authorized Early Withdrawal and agree to all conditions listed on the front of this form. I will inform OISPS immediately and in writing if my circumstances change.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ L#: \_\_\_\_\_ Phone #: \_\_\_\_\_

This section must be completed by the student's academic department.

Are you aware that this student intends to take a leave of absence or withdraw from the University? Yes No

Number of hours the student plans to complete during their leave of absence or after withdrawing (Please write "0" if the student does not plan to enroll): \_\_\_\_\_

Maximum number of months for which a student can take a leave of absence or be withdrawn from their current academic program without being required to re-apply for admission to Lamar University (Please write "0" if the student will be unable to resume their degree without re-application): \_\_\_\_\_

Academic Advisor, Department Head, or Department Graduate Advisor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

This section must be completed by Sponsored Student Programs for all sponsored students. Sponsored students must obtain a Sponsored Student Programs (SSP) Advisor's signature before submitting this form to OISSP.

SSP Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section will be completed by an OISPS Advisor.

SEVIS Termination Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

OISPS Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*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.\*