



This form is to be used for international students who are leaving Vanderbilt due to transfer, graduation, completion of exchange program, withdrawal, an authorized leave of absence, personal or academic reasons.

If you are registered as a Vanderbilt student even while outside the U.S. you will be charged health insurance. To waive the health insurance fee you must complete the Health Insurance Waiver Request Form and submit it to ISSS by the deadline.

Please note, if you are out of the country for more than 5 months, you cannot reenter the U.S. using your current I-20 or DS-2019, please contact ISSS for a new I-20.

STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

E-mail Address (prefer non vanderbilt.edu address)

Telephone Number

Academic Department

Academic Degree Level

REASON FOR DEPARTING VANDERBILT

CHECK ONE:

- Transferring to another U.S. Institution (attach admission letter with Transfer Form)
Name of Institution: City: State:
I request my SEVIS record be released to above institution on:
Graduating or Completing Exchange Program and will NOT apply for employment authorization (OPT or AT).
Date of Graduation/Completion: Approximate Date Leaving U.S.\*:
Completing Employment OPT or AT. OPT/AT End Date: Date Leaving U.S.\*:
Authorized withdrawal from all courses or program (attach withdrawal letter from department)
Date of withdrawal: Date Leaving U.S.:
Approved Leave of Absence (attach Leave of Absence approval letter)
Date Leaving U.S.: Plan to resume studies on\*\*:
Personal or Academic Reasons, please explain, additional documentation may be requested:
Date Leaving U.S.: Plan to resume studies on\*\*:
Study Abroad Program, give program dates:
Conducting thesis or dissertation research abroad. (Please have department submit an authorized notice to ISSS)

\*\*Please notify ISSS when you plan to resume your studies. You may need a new I-20 or DS-2019 to reenter the U.S.

I certify that the above information is accurate, and that I will contact ISSS if my situation changes.
Signature: Date: