

## F-1 Student Departure Form

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This form allows the International Student Services Office to adjust or end your F-1 SEVIS record because you are leaving CCS and the US temporarily or permanently.

- If you are leaving CCS temporarily (excluding summer vacation), or you are withdrawing from CCS, *you must meet with the International Student Advisor to submit this form.*
- If you are graduating from CCS, and your I-20 has not expired yet, submit this form to the International Student Services Office.
- If you are on post-completion OPT and leaving the U.S., and you will not return to continue your OPT, submit this form to the International Student Services Office.
- Attach a copy of your latest I-20 and a copy (both sides) of your latest I-94 card.

\_\_\_\_\_ N \_\_\_\_\_  
CCS Student ID # SEVIS ID #

Family name: \_\_\_\_\_

Given name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Major: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Number of F-2 Dependents \_\_\_\_\_

### Check the box that applies to your situation.

I am leaving the U.S. for an academic term but less than 5 months. I will not be registered at CCS.

Departure date: \_\_\_\_\_

Return date: \_\_\_\_\_

- Meet with the international advisor to discuss your situation and submit this form.
- Your F-1 status and SEVIS record will be terminated. Your I-20 will be invalid.

- One month before you return to the US contact the International Student Services Office to initiate reactivation of your I-20 and SEVIS record.
- You will not be able to re-enter the U.S. if you do not reactivate your I-20 and SEVIS record.

I am leaving the U.S. temporarily and will be away for 5 months or more. I will not be registered at CCS.

Are you leaving to complete military duty in your home country?

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

- Meet with the international advisor to discuss your situation and submit this form.
- Your F-1 status will be terminated, and your I-20 will be invalid. You must request a new I-20 before returning.
- You **must** apply for a new F-1 visa to return even if your current F-1 visa appears valid.

I am permanently withdrawing from CCS. Withdrawal date: \_\_\_\_\_

- Your I-20, SEVIS record, and F-1 status will be terminated.
- You may remain in the US for 15 days from the date of withdrawal.
- Meet with an ISSA in order to discuss your situation and submit this form.

I have finished my studies at CCS, but my I-20 program completion date is in the future.

My last term of enrollment was: \_\_\_\_\_, \_\_\_\_\_ (year)

Departure date: \_\_\_\_\_

- You have a 60 day grace period from the completion of your academic program to depart the USA.

I am on post-completion Optional Practical Training, but I have decided to leave the U.S. and abandon my OPT. Departure date: \_\_\_\_\_.

Have you mailed the Form I-765 (application for Optional Practical Training) to USCIS?

- Your I-20, SEVIS record, F-1 status, and OPT authorization will be permanently terminated.
- Attach a copy of your EAD card (Employment Authorization Document), if it has been issued.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

International Student Services  
 The College for Creative Studies  
 201 East Kirby Street  
 Detroit, MI  
 313.664.7428

Hiatus Code: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_

## NON RETURN FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Major: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Advisor: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Residence:  On Campus  Off Campus  At Home With Parents

We regret that you will not be returning to the college at this time. Please feel free to discuss this matter with your Academic Advisor, your Department, the Financial Aid Office, or other college staff members before making a final decision.

### REASONS FOR WITHDRAWING

Please select the MAIN reason for your departure:

- |   |  |
|---|--|
| <input type="radio"/> Academic Difficulties   | <input type="radio"/> Health (self)          |
| <input type="radio"/> Academic Program Change | <input type="radio"/> Military               |
| <input type="radio"/> Employment              | <input type="radio"/> Personal Circumstances |
| <input type="radio"/> Financial               | <input type="radio"/> Other _____            |

### OPTIONAL: If you feel comfortable, please provide us with more information on why you are not returning

Do you plan to return to CCS?  Yes  No If yes, when? \_\_\_\_\_

Will you be transferring to another College or University?  Yes  No

If yes, where? \_\_\_\_\_

Are you an International Student  Yes  No

*Return this form to:*  
Academic Advising & Registration Office  
201 East Kirby Street, Detroit, MI 48202  
Phone: (313) 664-7672  
Fax: (313) 664-7649

## COMPLETE WITHDRAWAL REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Student ID#: \_\_\_\_\_ Major: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 Personal Email Address: \_\_\_\_\_

Residence:       On Campus       Off Campus       At Home With Parents

We regret that you find it necessary to withdraw from the college at this time. Please feel free to discuss this matter with your Academic Advisor, your Department, the Financial Aid Office, or other college staff members before making a final decision.

**REASONS FOR WITHDRAWING**

Please indicate your reasons for withdrawing from CCS.

**Personal Category**

- |  |  |
|--|--|
| <input type="checkbox"/> Decided to attend a different college<br><input type="checkbox"/> Wanted to move to a new location<br><input type="checkbox"/> Medical Problems<br><input type="checkbox"/> Wanted to move back home<br><input type="checkbox"/> Military | <input type="checkbox"/> Decided to take a break from studies<br><input type="checkbox"/> Family responsibilities<br><input type="checkbox"/> Emotional problems<br><input type="checkbox"/> Conflicts on campus |
|--|--|

**Academic Category**

- |  |  |
|--|--|
| <input type="checkbox"/> Dissatisfied with grades<br><input type="checkbox"/> Courses were not challenging<br><input type="checkbox"/> Internship Opportunity<br><input type="checkbox"/> Disappointed with the quality of instruction | <input type="checkbox"/> Courses were too difficult<br><input type="checkbox"/> Too many required courses<br><input type="checkbox"/> Failing my courses<br><input type="checkbox"/> Stopped attending classes |
|--|--|

**Institutional Category**

- |   |   |
|---|---|
| <input type="checkbox"/> Content of desired major not as expected<br><input type="checkbox"/> Experienced class scheduling problems<br><input type="checkbox"/> Unhappy with college policies<br><input type="checkbox"/> Impersonal attitudes of staff | <input type="checkbox"/> Academic Advising inadequate<br><input type="checkbox"/> Could not find adequate housing<br><input type="checkbox"/> Impersonal attitudes of faculty<br><input type="checkbox"/> Decided to change major |
|---|---|

**Financial Category**

- |   |   |
|---|---|
| <input type="checkbox"/> Encountered unexpected expenses<br><input type="checkbox"/> Financial aid received was inadequate<br><input type="checkbox"/> Conflict between job and college | <input type="checkbox"/> Could not afford tuition and fees<br><input type="checkbox"/> Accepted a full-time job<br><input type="checkbox"/> Inadequate internship opportunities |
|---|---|

**SINGLE MOST IMPORTANT REASON FOR WITHDRAWING**

Which one of the reasons you indicated above had the most influence on your decision to withdraw from CCS?

Do you plan to return to CCS?       Yes       No      If yes, when? \_\_\_\_\_

# COMPLETE WITHDRAWAL REQUEST

If you could change one thing at the school today that would make it better here, what would that be?

Optional Student Comments:

Academic Advising and Registration Office Exit Interview:

Financial Aid Office Exit Interview:

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies will be distributed to the following offices:

- Academic Advising & Registration Office
- Department
- Financial Aid Office
- Office of Student Life

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College for Creative Studies  
201 East Kirby Street, Detroit, MI 48202  
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