



International and Immigrant Student Services



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EARLY WITHDRAWAL REQUEST FORM

This form must be completed in advance of taking a leave of absence or withdrawing from classes.

An F-1 student who has been granted an authorized early withdrawal by a DSO may remain in the United States for up to 15 days following the withdrawal date noted in SEVIS, to prepare to depart the United States.

PART I: TO BE COMPLETED BY STUDENT

Last/Family Name		First Name		
Street address (number and name of street)		City	State	ZIP Code
JCCC ID #:	SEVIS ID#:	Date of Birth:		MM/DD/YYYY
Phone#:	JCCC email address:			

- I understand that my SEVIS record (I-20) will be terminated, ending my F-1 status. The termination type is authorized early withdrawal.
- I understand that I must stop participating in any F-1 work (on campus, CPT, OPT, EHS).
- I understand that I cannot use my current I-20 to reenter the U.S. unless it is reactivated. I need to contact the IISS prior to reentering as an F-1.
- I understand that I am responsible for making sure all my classes are dropped appropriately after I receive IISS authorization.

WITHDRAWAL OR LEAVE OF ABSENCE INFORMATION

- I am requesting early withdrawal for the Semester/Year: Fall ____ Spring ____ Summer ____ Year: _____
- Reason for absence/departure: _____
- Expected Date of Departure from U.S. (provide a copy flight information): _____
- Expected semester of return (If applicable): _____

I have read, reviewed and understand the early withdrawal guidelines and restrictions.

Student's Printed Full Name	Student's Signature	Date MM/DD/YYYY
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PART II: TO BE COMPLETED BY IISS/DSO

The student named above has has not been approved for early withdrawal. Semester: _____

SEVIS updated: _____ BANNER updated: _____
MM/DD/YYYY MM/DD/YYYY

DSO's Printed Full Name	DSO's Signature	Date MM/DD/YYYY
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