

WITHDRAWAL OR LEAVE OF ABSENCE

Federal regulations required the University of West Georgia to update the SEVIS record of any F-1 or J-1 student following a withdrawal or leave of absence prior to a student's expected graduation date. This form requires the signature of your academic advisor.

SECTION 1: STUDENT INFORMATION

Student's Family Name (Last Name)			
Student's Given Name (First Name)			
Date of Birth		UWG Student ID	917
Phone Number		SEVIS ID Number	N000
Email Address			
Current Visa Status	F-1 Student	J-1 Student	Other Visa Type: Specify _____

SECTION 2: WITHDRAWAL OR LEAVE OF ABSENCE

Reason for Withdrawal or Leave of Absence			
Date of Withdrawal form UWG		Date of US Departure	
Do you plan to return to UWG?	YES	NO	UNSURE
If you are planning to return Expected Return Date			

NOTE: Returning students must contact the ISAP office 60 days prior to returning to the USA to attend the University of West Georgia.

Student's Signature: _____ Date: _____

SECTION 3: ACADEMIC ADVISOR OR DEAN RECOMMENDATION

I confirm that the above named student will be withdrawing or taking a leave of absence from the University of West Georgia and that the information on this form is accurate to the best of my knowledge.

Signature of Academic Advisor		Date	
Printed Name			
Title			

Email completed forms to isap@westga.edu