

International Student - Withdrawal Request Form

v. 10.2019

Please Write Clearly To Avoid Delays in Processing

Purpose: To properly withdraw from UWG without negative effect on your SEVIS record

Details: Before submitting this form to ISAP, review the online details and meet with an ISAP Advisor Full Name : Date of Birth (mm/dd/yyyy) Student ID #: 917 ______ UWG Email: ______@westga.edu SEVIS #: N00 _ US Phone #: (Visa Type: F1 | J1 | What is the end date on your printed I-20 or DS-2019? (mm/dd/yyyy) Degree Level: Bachelors | Masters | Doctorate | I request withdrawal from UWG at the end of: Fall Spring Summer Year: ______ I plan to depart the US on what date? My airline & flight #: (mm/dd/yyyy) Briefly state the reason(s) for your request in this box: Is your Academic Advisor / Department aware of your plans? Yes No *ISAP cannot process this request until they are aware. It is your responsibility to communicate your plans. Name of advisor: His / Her Email: @westga.edu Their signature: _____ Date of Signature: _____ (mm/dd/yyyy) Are you planning to return to UWG to complete your degree? Yes Not Sure Statement of Understanding I understand that I must not withdraw or drop below full-time enrollment without prior approval by ISAP. I also understand that once ISAP terminates my record in SEVIS for "approved early withdrawal", this action cannot be reversed, and I must depart the U.S. within 15 days. If my record is terminated for any other reason, I must depart the U.S. immediately. My Signature & Date: ____

(mm/dd/yyyy)