



Authorized Early Withdrawal Form

Revised: June 6, 2017

Instructions: This form is to be used by F-1 students who are seeking to withdraw from their program of study at Carroll University--either at the end of a semester or mid-term, and return to their home country. (Students who are intending to transfer to another educational institution in the United States, should instead use the *Intent to Transfer Out Form* available on the OIE website.) Complete this form and submit it to the Office of International Education at least 5 business days prior to the date you plan to depart the United States. **If you are currently enrolled in classes, do NOT withdraw from classes before receiving permission from the Office of International Education (OIE).** Such action would be seen as a violation of your immigration status.

Once you complete this form, please make an appointment to meet with the International Advisor, and bring this form with you to the appointment. The information requested on this form is required for Carroll University to update your SEVIS record and officially withdraw you from the University. Students withdrawing from the University who are residing in on-campus housing are still responsible for contacting Housing to coordinate appropriate check out from your room prior to departure.

To be completed by the student (type or print).

First name: _____ Last name: _____

CU Student ID #: _____ SEVIS ID #: N _____

Enrollment Information

When did you begin your studies at Carroll?: Fall Spring Summer Year: _____

When did you initially expect to complete your studies at Carroll: Fall Spring Summer Year: _____

Last planned date of enrollment at Carroll: _____

Date you plan to depart the United States*: _____

**Should be within 15 days of your last date of enrollment or withdrawal from the University per immigration regulations.*

Please check the appropriate box that best describes your reason for withdrawing from Carroll:

Financial Illness Academic Family/Personal Emergency Military Service Other

If other, please explain: _____

Do you plan to return to the United States to resume your studies at Carroll University? Yes No Unsure

If yes, when do you anticipate returning to Carroll? _____

I certify that the above information is true. I understand that by submitting this document, I am requesting an authorized early withdrawal from Carroll University and that my SEVIS record will be terminated for the reason of authorized early withdrawal. I understand that if I wish to return to Carroll to resume my studies at a later point in time, I must contact the Office of International Education at least 30 days in advance of my return.

Signature: _____ Date: _____