

**Central College
Authorized Early Withdrawal Request Form
For International Students**

Last Name (Family name)	First Name
Personal Email Address	Student ID
Date you plan to leave the U.S.	Date you plan to re-enter the U.S.
I will not be enrolled for the following semester: ___ Fall ___ Spring 20 ___	I plan to return for the following semester: ___ Fall ___ Spring 20 ___

My signature below indicates that I understand that I am requesting an Authorized Early Withdrawal from Central College. I understand that my SEVIS record will be **terminated** and that I am expected to leave the United States within 15 days of being notified that my Authorized Early Withdrawal has been approved.

It has also been explained to me that if I intend to re-enter the United States to resume full-time studies at Central College, I will have to contact Julie Fopma at fopmaj@central.edu or Chevy Freiburger at freiburgerc@central.edu **at least 30 days** before my anticipated date of re-entry.

If I have been outside the U.S. for fewer than five months, Central College SEVIS staff will request that my current SEVIS record be re-activated.

If I have been outside the U.S. for more than five months, I must submit a request for a new Form I-20, pay a new SEVIS fee, apply for a new visa to re-enter the U.S. in Nonimmigrant Student (F-1) status, re-enter the U.S. in "initial" student status, and remain in Nonimmigrant (F-1) Student status for at least one (1) academic year before applying for off-campus employment authorization.

Signed

Date

Office Use Only:

Withdrawal Date per Registrar:	Early Withdrawal Approved:	Copy Given to Student: