Authorized Early Withdrawal
F-1 Students Leaving the U.S. before Program Completion

An **authorized early withdrawal** is a leave of absence from the U.S. that an international student may take during their program of study for family or personal reasons. To qualify, students must be leaving the U.S.; the student may not remain inside the country. This form must be completed in the event that a student will be withdrawing from classes mid-semester and returning to their home country, or in the case of a student who will not be continuing his/her studies at WSU during the next required semester.

Once this completed form is submitted, your SEVIS record will be terminated for the positive reason, Authorized Early Withdrawal, and you will be allowed a 15 day grace period to leave the U.S. **Students that remain in the U.S. beyond this 15 day period are considered in violation of their F-1 status.**

Student ____________________________________________

Last/Family Name                     First                      Middle

WSU ID ___________________________ E-mail __________________________

Phone Number ______________________ SEVIS ID Number (on I-20) __________________________

Program Withdrawal Date: __________________________

*Leave blank if not currently enrolled*

By submitting this form, I certify my intent to withdraw from WSU and depart the U.S. I certify that the information provided is true and accurate and will inform the Office of International Education immediately if my plans change. I understand that my SEVIS record will be terminated based on the program withdrawal date I have indicated above, and that I have a 15-day grace period to leave the country. I understand that I cannot work on-campus after my program withdrawal. I acknowledge that if I have already pre-enrolled for an upcoming semester, it is my responsibility to withdraw from my WSU classes before established withdrawal deadlines. I understand that I am financially obligated to pay for any classes not dropped during the 100% refund period, and that a $100 late fee may be assessed twice during the semester if I have not made any payment arrangements by the 100% refund deadline.

Signature __________________________ Date ______________

*To determine if you have any unmet obligations, contact Financial Operations at 978-3076.*