

International Students and Scholars Office 900 University Ave, Student Services Building, Second Floor, Riverside, CA 92521

Telephone: 951-827-4113

E-mail: internationalstudents@ucr.edu

Request for Authorized Early Withdrawal

Please submit this form if you are temporarily or permanently withdrawing from UCR and departing the U.S. This form allows the ISS office to end your current F-1 status under "Authorized Early Withdrawal" reason. This form must be submitted **before** withdrawing from classes. Failure to do so could result in an unauthorized withdrawal on your immigration record. This form is for immigration purposes. *Please meet with an International Student Advisor before submitting this form.

Today's Date:///	UCR Student ID:	
Student Name:		
Family Name	First Name	Middle Name
US Address:		
E-mail Address:	Phone Number:	
Major:	Degree: \square Bachelor's \square M	asters PhD Other
U.S. Departure Date://// Year	Retu	rn Date to the U.S.:///
****You must leave the Unit	ted States <u>within 15 days</u> of su	ubmission of this form****
Step 2. Select the reason for your reque	est:	
Financial Difficulty		
Permanently Withdrawing from UC Rive	erside	
Medical Reasons (Please attach docume	entation from your doctor)	
Other Reasons (specify)		
Step 3. Review and Sign:		
Please carefully read the statements beloabide by the statements made.	ow. Sign below to indicate	your understanding and agreement to
I have read and understand the above program.	ve immigration regulations a	as they apply to withdrawing from the
I can request to re-activate my SEVIS requested an Authorized Early Without	drawal prior to the start of t	the quarter I am withdrawing from. I
MUST e-mail <u>internationalstudents@</u> classes begin. Re-entry to the US wil	•	•
,	•	vation request is not approved will require
Student Signature:		Date: