

F-1 Student Early Withdrawal from University of Houston Form

(Please schedule an appointment with an ISSSO counselor if you are in the U.S.)

Student Name: _____ Student ID: _____

For F-1 Student Departing the U.S.

I plan to depart / have already departed (circle one) from the United States. (If it is due to your medical condition, please complete a [Reduced Course Load form](#) and attach a letter from the medical professional. You must submit all forms and letters together.)

I will / have already (circle one) notified my academic department of my leave of absence. Academic Program _____

Date of Departure _____ (Attach documentation, i.e. Copy of Airline E-Ticket)

I plan to return / do not plan to return (circle one) to the U.S. Date of Return to US (If Applicable): _____

Current Address: _____

To acknowledge that you understand, please read and initial each box below:

I understand that my current I-20 will be terminated, and I cannot re-enter the U.S. on this I-20.

If I decide to return to study at UH for a future semester, I will do the following **before** returning to the U.S.:

Contact my academic advisor to update my academic record;

Contact ISSSO to request a new Form I-20 which may be processed by Int'l Admissions /GS /ISSSO (I will be instructed);

Provide updated evidence of financial support;

Provide a local address and foreign address;

Provide a prepaid self-addressed envelope or make another arrangement to receive the new Form I-20;

Pay the I-901 SEVIS Fee after receiving the new I-20;

Check with the US Consulate or US Embassy to determine if I need a new F-1 visa;

I understand that my F-1 "clock" will start over for the eligibility of CPT or OPT after absence from attending classes for more than five months.

Only For Student on MAVNI:

My reporting date for enlistment is: _____ I will drop all my classes on the enlistment date.

After the 1st day of the semester, student must submit a copy of this form to the Office of the University Registrar (located in the Welcome Center) to request the drop.

Student Signature: _____ **Date:** _____

APPROVAL SIGNATURE FROM ISSSO

Name _____ Signature _____ Date _____

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) Under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.