BOWLING GREEN STATE UNIVERSITY



Tel: (419) 372-2247

iss@bgsu.edu

AUTHORIZED EARLY WITHDRAWAL

International Student:

• This form must be completed and submitted to International Programs & Partnerships PRIOR to your withdrawal and/or departure from the U.S. Failure to do so could result in the termination of your SEVIS record with negative consequences/implications.

Last (Family) Name:	First Name:
Email:	Phone: ()
BGSU Student ID:	Level of Study:
Anticipated Graduation Date:	Major:
I am requesting to withdrawal from cl	asses for the following semester and year:
Fall (August)	Spring (January)
	hat my SEVIS record will be terminated with the coding, uch, I am expected to depart the U.S. within 15 days of the
	enter the U.S. to resume studies at Bowling Green State University, & Partnerships at least 2 months prior to my anticipated return date.
At that time, one of the following will	occur:
•	l be re-activated. This will occur if I am planning to re-enter the eparture and withdrawal from school. In this case, my previous I-20
OR	
more than 5 months. Receiving	ed to me. This will occur if I have remained outside the U.S. for ag a new I-20 means that I will re-enter in "initial" status. As such, I f-campus employment authorization for at least one academic year F-1 student status.
Name (please print):	
Signature:	Date: