

This notification is for immigration reporting purposes only and does not replace the student's responsibility to comply with the University's official drop-add policy.

Please complete this **fillable** form after you have completed your studies or the sponsorship of your J-1 program has ended. F-1 students on OPT or J-1 students on Academic Training will not need to complete this form until that immigration benefit has ended. This form may be returned via email to is@clermson.edu.

**Part I. Student Information**

1. Student/Exchange visitor's Name \_\_\_\_\_ 2. CID No. C \_\_\_\_\_ 3. SEVIS ID No. N00 \_\_\_\_\_  
 4. Degree \_\_\_\_\_ 5. Major \_\_\_\_\_ 6. Email \_\_\_\_\_@clermson.edu  
 7. Phone No \_\_\_\_\_ 8. Nonimmigrant status F-1 or J-1: \_\_\_\_\_ (please indicate category)  
 9. Departure U.S. Date \_\_\_\_\_ 10. Return Date \_\_\_\_\_ (If applicable)  
 11. Country I am going to \_\_\_\_\_ 12. I-20/DS-2019 Start Date \_\_\_\_\_ 13. I-20/DS-2019 End Date \_\_\_\_\_

**Part II. Reason for Departure (Check the box that applies to you)**

- I have completed my program and I will be returning to my home country. I authorize IS to complete my program in SEVIS. My permanent address in my home country is \_\_\_\_\_
- My period of OPT/Academic Training will expire on (date) \_\_\_\_\_. I will return to my country within the grace period
- I have changed my non-immigrant status. I have attached a copy of my approval notice for my new status
- I have filed an Adjustment of Status application, I-485 and I opt not to maintain my F-1/J-1 status. I have attached a copy of Notice of Receipt for my I-485 filing from USCIS
- I must depart the U.S. and will not be returning within five (5) months. I understand that my SEVIS record will be terminated. I will need to contact IS to request a new form I-20 should I decide to return to the U.S. to attend CU.
- Other \_\_\_\_\_

<b>Part III. Emergency Contact Information</b> ( <i>Immediate family preferred: parents, guardian, sibling, etc.</i> )	
U.S. emergency contact	Foreign emergency contact (please select one)
Name:	Relationship:
Phone #:	Alternate Phone #:
Email:	Country of Residence:

**Part IV. Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_