## F-1/J-1 Authorized Early Withdrawal

	This section must be I will be enrolled full-ti		niversity:	/_		
Scheduled date of depa	arture from the United S	tates:	Semester /	_/		
By signing this form, I regulations concerning	certify that the informat g my Authorized Early W PS immediately and in w	ion provided is /ithdrawal and a	true and accur agree to all cor	ate; I unders ditions liste	stand the rules	
Student Name:	Student S	Signature:				
Date: L#: _	Phone	#:				
This	section must be comple	eted by the stu	den t's acaden	nic departm	nent.	
Are you aware that this	s student intends to take	a leave of abse	nce or withdra	w from the	University?	Yes No
	tudent plans to complete does not plan to enroll)			or after wit	thdrawing (Ple	ase
current academic prog	nonths for which a stude ram without being requ will be unable to resum	ired to re-apply	for admission	to Lamar U	niversity (Plea	
Academic Advisor, De	epartment Head, or De	partment Grad	duate Advisor			
Name:	Signature:		Date:			
Title:	E-mail:		Phone:			
	completed by Sponsor ust obtain a Sponsored S					nitting
SSP Advisor's signatur	e:	Da	ıte:			
This section will be c	ompleted by an OISPS .	Advisor.				
SEVIS Termination Da	te: / Month	′/				
OISPS Advisor's signat	Month ure:	Day Date				

<sup>&</sup>quot;State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."