## **F-1 STUDENT EXIT FORM**



All F-1 status students must complete this Exit Form during their last quarter at De Anza College. The information requested on this form is needed to accurately update your record in the Student and Exchange Visitor Information System (SEVIS), per Federal regulations regarding F-1 student. We ask that you assist the International Student Programs by completing this form and returning it to our office by the end of quarter.

## To Be Completed By Student

Last/Family Name	First/Given Name	Middle				
*Student ID:	Gender: 🗆 Male	□ Female	Date of Birth:	/ mm	/ dd yyyy	
*SEVIS ID: <u>N</u> *Required information	E-mail Address		() Phone Numb	er		
I-20 Expiration Date: Please see item #5 of your De Anza	<u>(mm/dd/yyyy)</u> College I-20 form	EAD Expiration Date:	Answer only if you		<u>(mm/dd/yyyy)</u> OPT	
Last Term of Study: D Fall D Winter	Spring	Summer	Year:			
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My plans after completion of study at De Anza College (check all that apply):						

Student **must** attach evidence of program completion form signed by academic counselor:

- □ AA/AS Degree
- Certificate

Student may require to contact / meet with the Int'l Student Advisor on the following selections:

- School Transfer attach Transfer Form and/or Admission Letter
- $\bigstar$  (Student <u>MUST</u> complete this form prior to release in SEVIS)
  - Name of School: \_\_\_\_\_ Starting Date/Term:
    - Type of program (e.g. BS in Business):
  - Transfer to Foothill College (Transfer form not required.)
  - Return to home country (within 60 days <u>after</u> completion of study and/or OPT)
  - Return to home country (within 15 days without completion of study and/or OPT)
  - Return to home country and return with new I-20 issued by new school
  - Apply for Post-Completion Optional Practical Training (PC OPT)
  - Change my status from an F-1 student to:
  - Other (Please Explain): \_\_\_\_\_\_

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Student Signature:	Date:			
For Office Use Only				
Data	Processed by: Date:	_		

Please Return This Form to International Student Programs (ISP)