

Request for Authorized Early Withdrawal

Please submit this form if you are temporarily or permanently withdrawing from Stanton University and departing the U.S. This form allows SU to end your current F-1 status under "Authorized Early Withdrawal" reason. This form must be submitted **before** withdrawing from classes. Failure to do so could result in an unauthorized withdrawal on your immigration record. This form is for immigration purposes. *Please meet with an International Student Advisor before submitting this form.

Today's Date://	Student ID:	
Student Name:		
Family Name	First Name	Middle Name
US Address:		
E-mail Address:	Phone Number:	
Major:	Degree: □ Bachelor's □ Masters □Associates	
U.S. Departure Date://///	Return through online courses: YES ited States <u>within 15 days</u> of sub	
Step 2. Select the reason for your reque	est:	
Financial Difficulty Permanently Withdrawing from Stanto Medical Reasons (Please attach docum	•	
Step 3. Review and Sign:		
Please carefully read the statements bela abide by the statements made.	ow. Sign below to indicate	your understanding and agreement to
program. I can request to re-activate my SEVI requested an Authorized Early With MUST e-mail the international stude classes begin. Re-entry to the US wi	S record only if I plan to retur drawal prior to the start of th ent advisor to have my SEVIS Il be permitted 30 days befor	ne quarter I am withdrawing from. I record re-activated 30 days before
Student Signature:		Date: