DEPARTURE FORM

You only need to complete this form if you are not returning to UW-L the next semester.

Today’s Date (mm/dd/yy): ____________________  UWL ID#: ____________________

Name (Family Name, First Name): ____________________

Date Leaving UW-L (mm/dd/yy): ____________________  Visa Type: ____________________

Academic Program (Exchange, ESL, Department): ____________________

Email Address (other than your UW-L account): ____________________

REASON FOR LEAVING (Check all that apply):

☐ Degree earned: ____________________  Date degree to be awarded: ____________________
  (Type of degree - BA, BS, MA, MS, other - ESL)

☐ Exchange Student from (list program/university): ____________________

☐ Returning Home (please write mm/dd/yy): ____________________

☐ Transferring to: (Name of College or University): ____________________

☐ Staying in the US on an H-1B Visa: Please attach or send copy of H-1B approval

☐ Staying in the US as a Permanent Resident: Please attach or send copy of PR approval

☐ Withdrawal – state reason for leaving: ____________________

☐ Temporary Withdraw – plan on returning to UW-L on (mm/dd/yy): ____________________

☐ Registering for GRC 799 and I will be: In the U.S. ________________ OR Out of the U.S. _____

☐ Starting Practical Training:  Start Date ________________  End Date ________________
I will be completing my Practical Training: In Town _______ OR Out of the Town _______

Employer Name & Address (if known): ____________________

IMPORTANT: F-1 students have 60 days and J-1 students have 30 days to leave the country after they complete their program at UW-L.

CONTACT INFORMATION:

Permanent HOME COUNTRY Address: ____________________
(As it would appear on a mailing label)

Forwarding Mail Address: ____________________
(If different from permanent address)