

DEPARTURE FORM

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

Today's Date (mm/dd/yy): _____ **UWL ID#:** _____

Name (Family Name, First Name): _____

Date Leaving UWL (mm/dd/yy): _____ **Visa Type:** _____

Academic Program (Exchange, ESL, Department): _____

Email Address (other than your UWL 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 UWL 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 UWL.**

CONTACT INFORMATION:

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

Forwarding Mail Address:
(If different from permanent address)

