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 UWL (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)

__________________________
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