

Authorization for Early Withdrawal Form

STUDENT INFORMATION

Name: _____ SEVIS ID Number: _____

Non-Goodwin Email: _____ Phone Number: _____

BY SUBMITTING THIS REQUEST I UNDERSTAND: PLEASE INITIAL EACH STATEMENT

- ___ My SEVIS record will be terminated for an early authorized withdrawal within 5 business days.
- ___ I must leave the United States within 15 days of the termination date.
- ___ I may not be registered in classes nor live in the United States during my absence from Goodwin College. If I remain in the United States within the stated times, I understand that I will be out of status and in the country without authorization.
- ___ I may not use my student visa to enter the United States until my SEVIS record is reactivated. I will need to submit a Goodwin College Reactivation Request within 60 days before my planned return date or before my visa appointment to place a request to have my SEVIS record set back to "active."
- ___ I must submit a copy of my plane ticket to the Office of International Programs for proof of intended departure with this form.
- ___ I must return to the United States within 5 months to keep my immigration status, initiate the reactivation process, and begin classes at the next available semester.
- ___ Any absence from the United States of more than 5 months will require me to get a new I-20 and a new F-visa. This does not have to be through Goodwin College.

REASON FOR WITHDRAWAL

Family Emergency Financial Issues Internship Abroad Personal Reasons

Departure Date: _____ Return Date (if known): _____

I authorize Goodwin College, Office of International Programs to terminate my SEVIS record for Authorized Early Withdrawal (AEW).

Student Signature: _____ Date: _____