

Request for Authorized Early Withdrawal

- I. Please submit this form if you are temporarily or permanently withdrawing from UCR and departing the U.S. This form allows the ISS office to end your current F-1 status under “*Authorized Early Withdrawal*” reason.
- II. 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.**

STEP 1. PERSONAL INFORMATION

Today's Date: _____ / _____ / _____
Month Day Year

Family Name: _____ Given Name: _____

Student ID #: _____ Major: _____

Email: _____ Cell #: _____

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Degree: Bachelor's Master's PhD

U.S. Departure Date: _____ / _____ / _____ Return Date to the U.S.: _____ / _____ / _____
Month Day Year Month Day Year

****** You must leave the United States within 15 days of submission of this form ******

STEP 2. REASON FOR REQUEST

- Financial Difficulty
- Permanently Withdrawing from UC Riverside
- Medical Reasons (Please attach documentation from your doctor)
- Other Reasons (please specify): _____
- _____

STEP 3. Review and Sign

Please carefully read the statements below. Sign below to indicate your understanding and agreement to abide by the statements made.

I have read and understand the above immigration regulations as they apply to withdrawing from the program.

I can request to re-activate my SEVIS record only if I plan to return to the U.S. within 5 months and have requested an Authorized Early Withdrawal prior to the start of the quarter I am withdrawing from.

I MUST email internationalstudents@ucr.edu to have my SEVIS record re-activated 60 days before classes begin. Re-entry to the U.S. will be permitted 30 days before classes begin.

Any absence from the U.S. for more than 5 months or if re-activation request is not approved will require a new I-20 with new SEVIS Number.

Student's Signature: _____ **Date:** _____