



## DEPARTURE FORM

*This form is only used when student is planning to leave the US. If student is planning to transfer to another school, please complete the Withdrawal Form from the University found on jwuLink.*

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

JWU ID #: \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Reason for departure (please check one):

- ☐ Taking time off from JWU to go home
- ☐ Degree completed
- ☐ Optional Practical Training completed
- ☐ Other (Explain) \_\_\_\_\_

Do you plan to return to Johnson & Wales University, Providence Campus? YES ☐ NO ☐

If yes, when do you plan to return?

\_\_\_\_\_

Do you understand that if you take a semester off during the academic year (August-May), you MUST study full-time for one academic year (Fall & Spring) to be eligible for CPT and OPT? \_\_\_\_\_  
Initial indicating yes

### **New Contact Information (outside US)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (preference Hotmail or Yahoo): \_\_\_\_\_

\_\_\_\_\_

Signature (needs to be hand signed)

\_\_\_\_\_

Date