



DEPARTURE FORM

TO BE COMPLETED BY THE STUDENT:

Family Name: _____ Given Name: _____

JWU ID #: _____ SEVIS ID #: _____

Date of Departure: _____

Reason for departure from Johnson & Wales University (please check one):

- Transfer to another institution
- 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 in Providence? YES NO

If yes, when do you plan to return?

Do you understand that if you take a term off during the academic year (Sept-May), you MUST study fulltime for one academic year to be eligible for a Summer Term off, CPT, OPT? _____

Initial Here

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