



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