

All F-1 status students must complete this Exit Form during their last quarter at De Anza College. The information requested on this form is needed to accurately update your record in the Student and Exchange Visitor Information System (SEVIS), per Federal regulations regarding F-1 student. We ask that you assist the International Student Programs by completing this form and returning it to our office by the end of quarter.

To Be Completed By Student

Last/Family Name

First/Given Name

Middle

*Student ID (SS#): _____
*Required information

Gender: Male Female

Date of Birth: ____ / ____ / ____
mm dd yyyy

*SEVIS ID: **N** _____
*Required information

E-mail Address

(____) _____
Phone Number

I-20 Expiration Date: _____ (mm/dd/yyyy)
Please see item #5 of your De Anza College I-20 form

EAD Expiration Date: _____ (mm/dd/yyyy)
Answer only if you are on PCOPT

Last Date Attended: _____ (mm/dd/yyyy)
Answer only if you did not already apply for PCOPT

My plans after completion of study at De Anza College (check all that apply):

Student **must** attach evidence of program completion form signed by academic counselor:

- AA/AS Degree
- Certificate

Student **may** require to contact / meet with the Int'l Student Advisor on the following selections:

- School Transfer – attach Transfer Form and/or Admission Letter

★ (Student **MUST** complete this form prior to release in SEVIS)

Name of School: _____

Starting Date/Term: _____

Type of program (e.g. BS in Business): _____

- Return to home country (within **60** days after completion of study and/or OPT)
- Return to home country (within **15** days without completion of study and/or OPT)
- Return to home country **and** return with new I-20 issued by new school
- Apply for Post-Completion Optional Practical Training (PC OPT)
- Change my status from an F-1 student to: _____
- Other (Please Explain): _____

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Student Signature: _____

Date: _____

To Be Completed By ISP Staff

- SIS
- SEVIS
- Atlas
- Other

Processed by: _____

Date: _____

Please Return This Form to International Student Programs (ISP)