



Office of International Programs
 Phone: (989) 964-4473 Fax: (989) 964-6066
 Email: oip@svsu.edu

GRADUATION DEPARTURE FORM

 Name Student ID Number

Start semester at SVSU (Circle one below.) SEVIS #N000 _____
 Fall Winter Spring Summer _____
Year Date of expected graduation

Have you applied for graduation with the Registrar's Office? __ YES __ NO

AFTER GRADUATION I PLAN TO: (Please check ALL that apply to you)

Begin Optional Practical Training (OPT)
 Start date: _____ End date: _____

Continue my education (Please circle one.)
 Bachelors Masters PhD

Please indicate the name of the school you plant to attend.

Return to my home country to work or study.
 Other (Please explain in the space below)

NEW CONTACT INFORMATION:

 Email Address Other than @svsu.edu Cell phone of local phone number

Permanent Address – Street Address

City State Zip Country

I understand that as an F-1 visa holder, I must leave the country no later than 60 days after the completion of my studies of completion of OPT unless I have an application for change of status pending

 Student's signature Date