



**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