



International Student Center

DEPARTURE NOTIFICATION FORM

Please complete and submit this form to the International Student Center (ISC) if you will no longer study at Pasadena City College as an F-1 student. Pursuant to U.S. immigration laws and regulations, the International Student Center (ISC) is required to notify various Federal agencies when an international student terminates his/her relationship with the College.

FOR STUDENT TO COMPLETE: Please type or print clearly	
Last Name:	First Name:
PCC ID#:	SEVIS ID#: N00
Date of Birth:	Cell Phone #:
Program end date on I-20 (MM/DD/YY):	Passport Expiration Date (MM/DD/YY):
U.S. Address:	
PCC Email Address: _____@go.pasadena.edu	
Date Leaving the U.S:	Last Date of Enrollment at PCC:

Please check only ONE reason:

- Early Withdrawal** – I am not completing my studies at PCC and wish to leave the College early. I have a period of 15 days to depart the U.S. after submitting this form.
Reason for withdrawal: _____
- Graduated** – I am graduating PCC with a degree and will not return to the College. I have a period of 60 days from my graduation date to depart the U.S. Please circle which degree you received/petitioned.
 AA Degree **AS Degree** **Major:** _____
- Completion of OPT** – I am completing OPT and will leave the U.S. I have a period of 60 days from the last day of my EAD card to depart the U.S.
- Change of status** – I have requested from the U.S. government a change of status from F-1 to _____
Attach proof of new status document.
- Other** - Attach a personal statement including the following information: complete legal name, date of birth, PCC ID#, SEVIS ID#, statement accepting full responsibility of requesting termination of your SEVIS (F-1) record

Personal Email Address:	Home Country Phone number:
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I state that the information I am providing on this form is true. I further understand that it is a violation of United States law to give false information to the college.

My signature below is in agreement of the time period I have to leave the U.S. It is my responsibility to drop all classes and verify with Student Business Services if I am eligible for a refund.

Student's Signature:	Date (MM/DD/YY):
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For office use only:						
Initials: _____	Date: _____	Units: _____	SEVIS: _____	Request Log: _____	SARS _____	Email student _____