COPPIN STATE UNIVERSITY

Division of Student Affairs
Office of International Student Services

SEPARATION FORM

Students who fall into one or more of the categories below should complete this form. (Please check all that apply):

☐ I am completing my academic program at Coppin State University this semester
☐ I am finishing my OPT this semester
☐ I am transferring to another U.S. institution
☐ I am withdrawing permanently from CSU
☐ I am changing (or have changed) my visa status to another category or have obtained permanent residency

Name: _____
(Last/Family Name) (First/Given Name)

Student (CSU) ID Number: _____ Local Phone Number: _____

Expected Graduation Date: _____ Major: _____

Personal Email Address: _____

Forwarding Mail Address: Start date: _____ until _____

_____

_____

_____

Immigration Status: ☐ F-1 ☐ Other _____

Current Academic Status: ☐ Associate's ☐ Bachelor's ☐ Master's

☐ Other (please specify) _____

NOTE: At the conclusion of an academic program, F-1 visa holders have 60 days in which to (i) prepare for departure from the U.S. (ii) change immigration status (iii) move on to another program level at the same school (iv) transfer SEVIS record to another U.S. university, or (v) begin practical/ academic training (request must have been submitted prior to program end date.)

I am planning to (please check all that apply):

☐ Leave the U.S. – Date of expected departure from the U.S.: _____/_____/_____

☐ Work, as authorized under OPT (F-1) or AT (J-1) - OPT dates: _____/_____/_____

☐ Attend another institution in the U.S. for another degree. NOTE: If this option is selected, please complete the "Form for Transfer of SEVIS Record" to have your SEVIS record transferred to the new school.

☐ Apply for a change of status to _____ status. If you have a notice from the USCIS, please attach a copy.

☐ Continue to study at Coppin State University. New level of study: _____

☐ Other (please specify): _____