Office of International Student Services
PROGRAM COMPLETION FORM

Students who have completed (or will be completing) an academic program at Coppin State University must complete this form.

PART I:
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 ______/_____/______

PART II:
Legal Status:  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) obtain admission to another U.S. university, or (v) begin practical/academic training (request must have been submitted prior to program end date.)

Immigration Status:       ☐ F-1            ☐ Other ________________________________
Current Academic Status:  ☐ Bachelor’s  ☐ Master’s

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).
☐ Transfer to another institution in the U.S.  NOTE: All F-1 and J-1 students who will transfer must complete the “Transfer Out Form” available through the Office of International Student Services.
☐ 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): __________________________