

Office of Global Engagement 202 Quillian (706) 880-8429 International Student Services

Authorization for Early Withdrawal

Student Name______LC#_____

Please	review the followin	g:				
•	 My SEVIS record will be "terminated" for an "early authorized withdrawal" within 5 business days. 					
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 I may not use my student visa to enter the US until my SEVIS record is reactivated. I will need to submit a Reactivation Request within 60 days before my planned return date or before my visa appointment to place a request to have my SEVIS record set back to "active." I must return to the US within 5 months to keep my immigration status and begin classes at the next 						
	available semester.					
•	• Any absence from the US of more than 5 months will require me to get a new I-20 and a new F-visa.					
Reasor	n for Early Withdraw	val:				
	Family Emergency	Financial Issues	Internship Abroad	Personal Reasons		
	orize the LaGrange C Vithdrawal (AEW)	ollege Office of Global	Engagement to terminate	my SEVIS record for Auth	orized	
My departure date			My return date (if known)			
Submit	t this AEW Request t	o the Office of Global	Engagement:			
In pers	In person: Office hours are Monday-Friday 8 a.m5 p.m.					
By e-m	By e-mail: mraphoon@lagrange.edu . Please send document as PDF or JPEG.					