

**Return completed form to:**

International Student Services

Registrar's Office

Seward County Community College

# EXIT INFORMATION

## **F-1 and Students Graduating or Leaving SCCC and Leaving the U.S.**

**Name:**

Family/Surname(s) Given Name(s)

**SCCCID: SEVIS ID:**

**My departure date is \_\_\_\_\_ (exact or approximate).**

**Forwarding Address:**

Non-SCCC Email address:

- **By signing this form, I confirm my plans to leave the U.S. within 60 days (for F-1) of the completion of my academic program.**
- **I understand that my SEVIS record shall be “completed” or “inactivated”. Once “completed/inactivated”, my SEVIS record cannot be reactivated. In order to return to the U.S. and study, I will need to apply for admission and obtain a new SEVIS I-20/DS-2019.**

**Signature: Date:**

**ISS OFFICE USE ONLY**

Action Taken (Shorten or Complete)

DSO Date