



F-1 Student Authorized Termination Form (to be completed by DSO)

Student's name _____
(First name) (Last name)

Academic Program of Study _____

Date student was notified of termination _____ via (circle one) E-mail Phone In Person

The above named student's SEVIS record is being terminated because of:

- _____ Authorized drop below full course time exceeded
- _____ Authorized early withdrawal
- _____ Change of status approved
- _____ Change of status denied
- _____ Change of status withdrawn
- _____ Other (please explain on reverse of form)

Date student's record was terminated _____

(Signature of Student) (Printed Name and Title) (Date)

(Signature of DSO) (Printed Name and Title) (Date)

**If student is unavailable to sign document, it can be completed without student signature. However, send the student an electronic copy of the form once completed by DSO.