

Center for International Education
International Student Intent to Graduate Form

*This form needs to be completed and turned into the International Student Coordinator **before** you complete your program of study. Failure to do so may result in your SEVIS record I-20 being terminated.*

Name: _____

Program Completion Date (date you complete your last final in your last required course): _____

Date of Graduation (day the graduation ceremony is scheduled): _____

Current I-20 Program End Date (found in section 5 of your I-20): _____

I plan to complete Optional Practical Training after graduation? Yes No

I plan to transfer to another university after graduation? Yes No

I plan to return to my home country within 60 days after graduation? Yes No

ADDRESS:

(An I-20 with your new program end date will be sent to this address so please make sure it is complete and accurate)

_____ Address

_____ City State Zip Phone

Personal Email Address: _____

I _____ understand that when I complete my program study, this is my official program completion date regardless of the program end date listed on my I-20. I also understand that once I complete my program of study, I have 60 days in which to leave the country unless I am completing OPT or transferring to another university.

Signature: _____

Date: _____