



WITHDRAWAL/CANCELLATION FORM

STUDENT INFORMATION		
Name (Last, First M.)		
Student ID	Degree & Major	Concentration
Phone	Email	
<i>Please check the one that applies to you.</i>		
<input type="checkbox"/> Request *I-20/SEVIS Termination – Completion Section 1		<i>*For F-1 Students</i>
<input type="checkbox"/> Withdrawal from CTSB – Skip to Section 2		

1. I-20/SEVIS TERMINATION REQUEST
When you wish to close your I-20 or SEVIS Status? _____ <i>Date (MM/DD/YYYY)</i>
Primary Reason for Requesting I-20/SEVIS Termination

2. WITHDRAWAL/CANCELLATION INFORMATION
When you wish to withdraw/cancel from School: _____ <i>Date (MM/DD/YYYY)</i>
Primary Reason for Withdrawal/Cancellation:

Student Signature

Date

CTSBB OFFICE USE	
Received by	Date