

INTERNATIONAL STUDENT EXIT FORM

All international students who are graduating and/or planning to leave the University and the United States are required to complete this "exit form." The information contained in this form will be used by the Office of International Education and Alumni Association at Ferris State University. Your signature below indicates that you agree to receive information from and about Ferris State University in the future until you ask us to remove your name from our mailing list. Thank you for choosing Ferris State University.

Student Name: _____
(Family/last name) (Given/first name) (Middle name)
 FSU I.D.# _____ SEVIS # _____ Graduation date _____
 Immigration Status: _____ F-1 _____ J-1 _____ Other _____

Future Mailing Address: (No work or P.O. Box addresses please)

Street name and number: _____

City, State and Zip Code: _____

Home Phone Number & Personal Email: _____

- Contact Information of a person in your **home country** who will know your whereabouts:

- Contact Information of a person in the **U.S.** who may know how to reach you in the future:

FSU Degree: Associates Bachelor's Master/ Doctorate Other: _____
 FSU contact person/academic adviser _____
 Financial sponsor (e.g. ARAMCO, government etc.) _____

Future plans (please check only 1 appropriate item)

- Returning to home country Date: _____ Returning to another country Date: _____
 Remaining in U.S. (if yes, please check the appropriate item below)
 Transfer to another university Practical Training (OPT or Academic Training)
 Applying for permanent residence Training)
 Applying for change of status Other: _____

Legal Status: At the conclusion of an academic program, F-1s have 60 days and J-1s have 30 days to leave the US, start another academic program or begin Practical/Academic Training.

Signature: _____ **Date:** _____