

WITHDRAWAL NOTICE

FALL ____ **SPRING** ____ **YEAR** ____

Name: _____ SID: _____
 Last First Middle

Contact Address: _____
 No. and Street, Apt # City State Zip

Contact Phone: _____ Email: _____
 Area Code Number

FOR INTERNATIONAL STUDENTS (F AND J STATUS) ONLY:

Before you submit this form, it is essential that you consult with the Berkeley International Office (BIO) to ascertain if withdrawing will jeopardize your immigration status and your permission from INS to be in the United States. You must obtain the signature of a BIO adviser, indicating that BIO has been consulted and has pre-approved the withdrawal. International students in F or J immigration status who withdraw without a prior BIO consultation and prior immigration approval from BIO may face deportation and exclusion from re-entry as a student by the INS.

BIO Comments: _____

BIO Adviser: _____ Date: _____

REASON FOR WITHDRAWAL:

_____ MEDICAL (UHS APPROVAL) _____ PERSONAL

_____ PARENTAL LEAVE _____ RESERVIST CALLED TO ACTIVE DUTY

_____ RESEARCH: _____
 Where?

_____ OTHER: _____

DATE EFFECTIVE: _____ (Release date will be ten days after effective date.)

DO YOU PLAN TO RETURN: No _____ Yes _____ What semester and year? _____

FINANCIAL AID:

Fellowship/Grant? No _____ Yes _____ Sponsor/Agency: _____

Traveling: Fellow/Grant No _____ Yes _____ Sponsor/Agency: _____

Loan: No _____ Yes _____ Sponsor/Agency: _____

Financial Aid Officer: _____ Date: _____

DEAN OF STUDENTS: _____ Date: _____

STUDENT SIGNATURE: _____ **DATE:** _____