

Office of International Programs
Canwyll House, Bryn Mawr College
Bryn Mawr, PA 19101-2899
Tel: 610-526-7390
Fax: 610-526-6551
E-mail: oiip@brynmawr.edu

DEPARTURE FORM

Please complete this form before your final departure from Bryn Mawr College and send it to the address above.

LAST NAME: _____ FIRST NAME: _____

SEVIS #: _____

CURRENT IMMIGRATION STATUS: (check one):

J-1 F-1 Other (please specify) _____

EXPIRATION DATE OF YOUR STATUS:

J-1 (end date of DS2019) _____ F-1 (end date of EAD) _____

Other (please specify) _____

DATE OF TERMINATION OR COMPLETION AT BRYN MAWR : _____

REASON FOR TERMINATION OR COMPLETION (check all that apply):

- Completed program/work assigned
- Transferring to new U.S. sponsor or employer
- Personal reasons for early departure
- Other (please explain) _____

ARE YOU RETURNING TO YOUR HOME COUNTRY AFTER LEAVING BRYN MAWR COLLEGE:?

NO YES

If YES, what is your planned date of departure? _____

FORWARDING ADDRESS AFTER LEAVING BRYN MAWR COLLEGE:

E-MAIL ADDRESS _____

I AM WILLING TO BE CONTACTED DIRECTLY IF ANYONE INTERESTED
IN BRYN MAWR COLLEGE WISHES TO SPEAK WITH ME:

YES

NO

SIGNATURE: _____ DATE: _____