

Office of International Programs  
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# DEPARTURE FORM

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

LASTNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CURRENT IMMIGRATION STATUS: (check one):

J-1                       F-1                       Other (please specify) \_\_\_\_\_

DATE OF TERMINATION OR COMPLETION AT BRYN MAWR : \_\_\_\_\_

PLANS IMMEDIATELY AFTER PROGRAM COMPLETION (Check all that apply)

Post-completion OPT  
 Transfer to another U.S. institution in a graduate degree program  
 Other (please explain) \_\_\_\_\_

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

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: \_\_\_\_\_