



VIRGINIA STATE UNIVERSITY
Dr. George H. Bennett Office for International Education
Post Office Box 9086
Petersburg, Virginia 23806

PROGRAM COMPLETION FORM

Students who have completed (or will be completing) an academic program at Virginia State University must complete this form.

PART I:

Name: _____
(Last/Family Name) (First/Given Name)

Student (VSU) ID Number: _____ Local Phone Number: _____

Expected Graduation Date: _____ Major: _____

Personal Email Address: _____

Forwarding Mail Address: Start date: ____/____/____ until ____/____/____

PART II:

Legal Status: At the conclusion of an academic program, F-1 visa holders have 60 days in which to (i) prepare for departure from the U.S. (ii) change immigration status (iii) move on to another program level at the same school (iv) obtain admission to another U.S. university, or (v) begin practical/ academic training (request must have been submitted prior to program end date.)

Immigration Status: F-1 Other _____

Current Academic Status: Associate's Bachelor's Master's
 Doctorate Other (please specify) _____

I am planning to (please check all that apply):

Leave the U.S. – Date of expected departure from the U.S.: ____/____/____

Work, as authorized under OPT (F-1)

Attend another institution in the U.S. for another degree. NOTE: If this option is selected, please complete the "Transfer Out Form" to have your SEVIS record transferred to the new school.

Apply for a change of status to _____ status. If you have a notice from the USCIS, please attach a copy.

Continue to study at Virginia State University. New level of study: _____

Other (please specify): _____
