



INTERNATIONAL STUDENT EXIT FORM

Full Legal Name: _____
Last First Middle

Address: _____
Street Apartment # City

State Zip Code Telephone: () _____ - _____

D.O.B.: ____/____/____ Last Date of Attendance: _____

Please check all that apply regarding your future plans for leaving:

- I am completing my program at Adams College of English on (____/____/____)
- I plan to withdraw from the program. I will return to my home country on (____/____/____)
- I have applied to change my F-1 status to another status. New Status: _____
- I am planning to transfer to another institution _____
- Other (Please Explain): _____

Student Signature

I attest that the information provided above is true and accurate.

Student Signature: _____ Date: ____/____/____

For School Use Only

Administrative Personnel

- Student has all required documents
- Student is missing the following documents: _____

President

- Student satisfies all requirements and is granted exit
- Student does not satisfy all requirements and is denied exit: _____

Signature of Representative School Official: _____ Date: ____/____/____