

NOTICE OF ABSENCE/NOTIFICATION OF DEPARTURE/ COMPLETION OF PROGRAM

IMPORTANT: *This notification is for immigration reporting purposes only and does not replace the student's responsibility to comply with the University's official drop-add policy.*

PERSONAL DATA		
Last Name:	First Name:	Middle Name:
Visa Type:	Email Address:	
SEVIS ID (From I-20):	WSU ID:	
Date of Birth (Month/Day/Year):	Phone:	
Country of Citizenship:	Country of Birth:	Departure Date:
ACADEMIC DATA		
Current Degree Program: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Other (Please Specify): _____		
Major:	Academic Department:	
I-20 Program Start Date:	I -20 Program End Date:	
HOME COUNTRY ADDRESS		
Street:		
City:	Province:	
Postal Code / Zip Code:	Country:	
PLEASE CHECK THE BOX THAT APPLIES:		
<input type="checkbox"/> This is my first semester at Wayne State University; but I must leave the U.S. immediately due to _____. I understand that my current SEVIS record will be terminated, and I will need to contact OISS for a new I-20 if/when I am ready to return to school.		
<input type="checkbox"/> I certify that due to certain circumstances I must depart the United States immediately and will return to the U.S. to continue my studies at Wayne State University <u>within</u> 5 months. I plan to register for the _____ (semester) _____ (year) and ask that OISS maintain my F-1 SEVIS record. <i>(I understand that I cannot use this option for the Fall semester if I was not enrolled during the Spring/Summer semester). Complete Page 2 of this form.</i>		
<input type="checkbox"/> This is my annual vacation spring/summer semester. I will be traveling and will return to the U.S. on _____ to continue my studies for the Fall semester _____ (year). <i>Complete Page 2 of this form.</i>		
<input type="checkbox"/> I will be travelling during my _____ break and will return to the U.S. on _____ to continue my studies for: Semester: _____ Year: _____		
<input type="checkbox"/> I certify that due to certain circumstances I must depart the U.S. and will not be returning within 5 months and understand that I will need to terminate my SEVIS record. I understand I will need to request a new I-20 should I decide to return to the U.S. to attend Wayne State University.		
<input type="checkbox"/> I certify that I have completed my degree program at Wayne State University and will not apply for post-completion Optional Practical Training (OPT); and will be returning to my home country. Therefore I authorize OISS to complete my program in SEVIS.		
<input type="checkbox"/> I certify that I have applied for OPT and received my EAD card but will not be using the card to work in the U.S.; and will be returning to my home country. Therefore I authorize OISS to complete my program in SEVIS.		
<input type="checkbox"/> I certify that I will be graduating earlier than the program completion date on my I-20. My new graduation date will be _____ <i>FOR THIS OPTION STUDENT MUST HAVE ACADEMIC ADVISOR CERTIFY BELOW:</i>		
Advisor's Last Name:	Advisor's First Name:	Advisor's Signature:
Department:	Advisor's Email:	Date:
Student's signature: _____ Date: _____		
Application Reviewed By Advisor: _____ Date: _____		

WAYNE STATE UNIVERSITY

INTERNATIONAL HEALTH INSURANCE WAIVER Office of International Students and Scholars

If you are waiving out of purchasing Wayne State University health insurance, please complete sections A&B.

SECTION A: THIS SECTION TO BE COMPLETED BY STUDENT. PLEASE PRINT.

Family/Last Name: _____ Gender: Female Male

Given/First Name: _____ Date of Birth: _____

Student ID#: _____ Dept/College _____

USA Street Address: _____ City: _____ State: _____

Zip Code: _____ Telephone #: () _____ E-Mail _____

Immigration Status: F1 J1 (Student) J1 (Scholar) Other (*Please Specify*) _____

Married: Yes No Number of Dependents in the U.S. _____

List Dependents to be insured below:

	Last Name	First Name	MI	Date of Birth
Spouse:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

SECTION B: INDICATE THE TERM AND YEAR YOU WILL BE RETURNING TO YOUR HOME COUNTRY AND SIGN BELOW.

Select term(s): Fall Winter Spring/Summer Year: 20_____

My signature serves to confirm that I, _____, will not be residing in United States for the duration of the term(s) indicated above. Therefore, I request to waive out of the Wayne State University Mandatory health insurance program. I understand that if I (or my F-2 dependents) return to the U.S. at any time during the term(s) indicated above, this waiver will no longer be valid and I will be required to purchase the WSU-sponsored health insurance plan.

Signature: _____ Date: _____

OISS STAFF USE ONLY

SEVIS Termination SEVIS Completion

Action Completed By DSO: _____ Action Date: _____

Waiver Approved

Waiver Start Date: _____ End Date: _____

Waiver Denied

Reason: _____

OISS Staff: _____ Date: _____

- Copy of Waiver given to student
- Update fsaATLAS notes and Custom Tab
- Place TB Hold Place Health Insurance Hold