



## I-20 Cancellation Request Form

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Student ID #

Graduate: \_\_\_\_\_  
Undergraduate: \_\_\_\_\_

\_\_\_\_\_  
Major

Date expected to complete studies: \_\_\_/\_\_\_/\_\_\_\_\_

Number of credits registered for during the current semester: \_\_\_\_\_

HOME Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

HOME Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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➤ As of today, I would like to cancel/terminate (check all that apply):

\_\_\_ My I-20

\_\_\_ My on-campus housing assignment: \_\_\_\_\_ (you must check out with Residence Life and fill out cancellation paperwork).

\_\_\_ My courses (you must meet with your academic advisor and fill out cancellation paperwork).

➤ I am requesting the cancellation due to:

\_\_\_ Medical circumstances (be sure to discuss medical leave possibility with ISS)

\_\_\_ Personal or family reasons

\_\_\_ I have changed my immigration status from F-1 to \_\_\_\_\_. (Please attach approval notice and/or new visa)

\_\_\_ Other: \_\_\_\_\_

➤ My future plans are as follows:

\_\_\_ I expect to return to C.W. Post for \_\_\_\_\_ semester.

\_\_\_ I definitely will not return to C.W. Post.

\_\_\_ I am uncertain at this time.

➤ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date