Virginia Military Institute

**F-1 EXIT PLAN FORM**

As an international student, you must communicate your intentions after completing your program in order to comply with the Immigration and Naturalization Services (INS). Please complete this form and return it to the Registrar’s Office, 303 Shell Hall.

Cadet Name:______________________________ ID #______________________________

Major:______________________________ Class Year:__________ VMI Box #____________________

Date of Birth:__________________________ I-94 / Admission #__________________________

Home Address:_____________________________________________________________________

Current Address:____________________________________________________________________

Country of Citizenship:________________________ Phone #:____________________________

Date of Expected Graduation:________________________ Email:__________________________

☐ **You will leave the U.S.**
  * You have 60 days after the day you finish your program before you must leave the U.S.

☐ **You plan to transfer to another school by the next academic semester.**
  Institution Attending:________________________ Program:__________________________
  Have you been accepted for admission? _____ Yes _____ No
  * If you have been admitted to another program of study, you must contact the new school’s international student services to find out requirements for transfer.

☐ **You will change your F-1 status to another status.**
  * You have 60 days after the day you finish your program before you must leave the U.S.

☐ **You will not complete your degree and will need an extension of stay.**
  * If you think you need more time to complete your program, you will need to complete the Program Extension process with the IES BEFORE your I-20 expires.

☐ **You applied or will apply for Optional Practical Training (OPT).**
  * You must apply for OPT BEFORE you complete your degree requirements so that you may begin immediately after finishing. Please note: This process approval can be lengthy and requires certification that training relates to curriculum area. Please give sufficient time for processing.

Cadet Signature:__________________________________________ Date:_____________________

PLEASE RETURN TO THE REGISTRAR’S OFFICE

Updated 9/2010