



Revised: 05/29/09

NOTICE OF WITHDRAWAL FROM BC – UP PROGRAM

Name: _____

Student ID number: _____ Birth Date: ____/____/____ (month/day/year)

Last day at BC: _____ Date Leaving the U.S: _____

Reason for leaving BC:

New contact information (in your home country):

Address: _____

Phone: _____ Fax: _____

Email: _____

IMPORTANT: If you withdraw from BC-UP program in the middle of the quarter, you must leave the United States within 15 days of your withdrawal.

Student's Signature: _____ Date: _____

For ISP office use only:

Date received: _____ Staff's Name: _____

Date reported in SEVIS: _____ Name of advisor: _____

Reported Action: Shorten Program Terminated – Authorized Early Withdrawal

Updates (please initial): _____
