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The purpose of this form is to allow the GEO to update or end your J-1 SEVIS record with immigration because you are leaving Northeast Ohio Medical University. This information will allow us to keep your record current with immigration. It may also help to prevent problems in the future should you decide to return to the U.S. Exchange Visitors (EV) who have not completed this form have been subjected to delays and secondary inspections at U.S. ports of entry.
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SIGNATURE: _____ **DATE:** _____

.....
FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____ **MONTH** _____ **DAY** _____ **YEAR**

LAST DATE OF ATTENDANCE: _____ **MONTH** _____ **YEAR**

EDUCATION LEVEL: **BACHELOR** **MASTERS** **PHD** **EXCHANGE VISITOR**

EMAIL: _____

REASON FOR DEPARTURE FORM NEOMED (CHECK ALL THAT APPLY)

- Successful completion of program.
- Discontinuing program.
- Transferring to a new program.
- Other. (Please state reason below)

Please submit to:
Northeast Ohio Medical University
Global Engagement Office
Library Room L-214
Phone: 330.325.6184