

**Calvin Theological Seminary**  
**Dean of Students and International Student Advisor Office**

Richard E. Sytsma  
Office 110E, Student Center  
(616)957-6016  
[rsytsma@calvinseminary.edu](mailto:rsytsma@calvinseminary.edu)

800-388-6034

Ina De Moor  
Office 109E, Student Center  
(616)957-6041  
[demi@calvinseminary.edu](mailto:demi@calvinseminary.edu)

**NOTIFICATION OF COMPLETION OF PROGRAM AND/OR DEPARTURE**

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

Personal Data:

\_\_\_\_\_  
Name – please print

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
F-1 or J-1

\_\_\_\_\_  
I-20 or DS-2019 Start Date

\_\_\_\_\_  
I-20 or DS-2019 End Date

Date of departure: \_\_\_\_\_

**Please read carefully and check the box that applies to you:**

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 Calvin Seminary within 5 months. I plan to register again for the \_\_\_\_\_ quarter 200\_\_\_\_.

I certify that due to certain circumstances I must depart the U.S. and will not be returning within 5 months and understand that you 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 Calvin Seminary.

I certify that I have completed my degree program at Calvin Seminary and will not apply for Optional Practical Training (OPT); and will be returning to my home country. Therefore I authorize you to complete my program in SEVIS.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

IS/Completion of Program Form 03/29/06

For office use only: Date of Receipt : \_\_\_\_\_

Date record completed in SEVIS: \_\_\_\_\_ By: \_\_\_\_\_