

4901 East Carson St. – B9 Long Beach, CA 90808 Tel: 562-938-4745; fax: 562-938-4747 <u>international@lbcc.edu</u> www.lbcc.edu/international

Notice of Intent to discontinue attendance at LBCC To be used for **<u>Transfer-out request</u> - <u>Program Completion</u>, or <u>Emergency Withdrawal</u>.**

Name:		Stude	nt ID#	
Family Name/ Last Name,	First Name			
Email:		_ Phon	Phone #	
Reason for leaving: (Please mark	k below)			
		(REQU	IRED: Attach a copy of your Airline Ticket)	
	_		ne within 60 days of your last class attendance)	
Medical Reason (REQ				
☐ Family/Personal En				
Other: (Please explain	ı)			
Transferring: (Note: you must Graduated with an AA Degree		<u>in 60 days</u> of	^c your last class attendance)	
\Box 4 year university (<i>RE</i>)	QUIRED: Attach Acceptance Letter)			
	UIRED: Attach Acceptance Letter)			
• Please provide the n	ame of the school and date you v	will begin c	lasses:	
		-?		
School Name	•	City	,State	
New School Immigration SEVIS C	ode (contact your new school to get this code)	·	Class Start Date	
□ Have you <u>dropped</u> / <u>completed</u> (Circle ONE)	your current class sessions? $\Box Y \in$	es □No;	Last day of class:	
Are you currently working on	Campus? \Box Yes \Box No, If	YES, Depar	rtment Name:	
Supervisor's name:	Ext.#		Last day of work:	
Are you currently on OPT or	CPT? DYes DNo; La	ast day of c	ompletion:	
Please add your comment on your	educational experience at LBCC.			
Student Name	Signature		Today's Date	
	For Office Use (Only		
□ Student has dropped all classes for		-	Completed 12 units this semester	
	Accepted within 60 day (letted		☐ Out of Status/ not eligible to transfer now	
	school Terminated by (-	
Updated on 6/21/2012 (ND)		·		