



SYRACUSE UNIVERSITY

Lillian and Emanuel Slutzker Center for International Services
Division of Student Affairs

LAST SEMESTER MEMO FOR SYRACUSE UNIVERSITY STUDENTS

STUDENT COMPLETES THIS SECTION

Last Name: _____ First Name: _____

SUID# _____ Program of Study _____ Degree

Level: Undergrad Master Doctoral Other _____

Expected completion date on I-20(item 5) or DS- 2019 (item 3) form _____ (MM/DD/YYYY)

I am in my last semester and will complete my degree on _____ (MM/DD/YYYY)

Signature of Student: _____ Date _____

ACADEMIC DEPARTMENT VERIFICATION

Assuming the above named student passes his/her courses this semester, under this department's academic plan, I verify that the student will be completing all the requirements and graduating at the end of the _____ semester.

(semester/year)

Name and Title

Signature

Date

After obtaining the Academic Verification from the Department, the student should return this form to the Slutzker Center for International Services.

For more information on F-1 and J-1 students' full-time status requirement, please see our website
<http://international.syr.edu/current-students/maintaining-visa-status/fulltime-status.html>

