FUTURE PLANS FORM

The information requested on this form is needed to accurately update your record in the Student and Exchange Visitor Information System (SEVIS), per Federal Regulations regarding F-1 students.

TO BE COMPLETED BY THE STUDENT

Name: ________________________________________ Degree Objective: ☐ Certificate ☐ Bachelor’s ☐ Master’s
(first/given) (last/family)
SF State Student ID: 9 ____________ SEVIS ID: N________________________
E-Mail Address: __________________________@mail.sfsu.edu Phone: _____ - ____________
Major Field of Study: __________________________ I-20 Expiration Date: ________/______/______
EAD Expiration Date: ________/______/______ (Answer only if you are on Post-Completion Practical Training)
Expected Academic Program Completion Date: ________/______/______ (Answer only if you have not already applied for OPT)
What’s your plan after you are done with your studies?
☐ I will have completed my academic program. I will leave the U.S. (within 60 days)
☐ I haven’t completed my academic program. I will leave the U.S. for good
☐ Other (Please Explain):___________________________________________________
Signature: ____________________________ Today’s Date: ________/______/______

TO BE COMPLETED BY OIP

OIP Advisor’s Initials: ________ Date Student Notified: ________ Date Entered into SEVIS: ________

PLEASE RETURN THIS FORM TO OIP FRONT DESK