



**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  
(first/given) (last/family)  Master's

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**