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