



GEORGIA CHRISTIAN UNIVERSITY

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F-1 VISA STATUS WITHDRAWAL REQUEST

Name: _____ Gender: Female ___ / Male ___
(Last Name), (First Name)

Program: _____ SEVIS I-20 #: _____

Date of Birth: ____/____/____ Phone Number: _____

Legal Representative's Name and Contact Number (if any):

Reasons for Withdrawal (Applicant Should Submit Appropriate Documentations)

*Please state the reason as clearly as possible
(e.g. I am voluntarily withdrawing from the F-1 Visa Status because I already received Approval)
Notice for Status Change*

Georgia Christian University acknowledges that GCU is not liable for any outcomes of status termination based on this application, and any legal actions taken against the applicant should be resolved solely by applicant or his/her legal representatives.

Date: _____ (MM/DD/YYYY)

Applicant's Name & Signature: _____

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Office Use Only

Date Processed: _____ (mm/dd/yyyy)

Authorized Official's Name & Title: _____

Signature: _____