LEAVE OF ABSENCE REQUEST FORM

• LOA is permitted with Medical reason and Personal emergency reasons only.

• Students can not stay in the U.S. while on LOA. It is a violation of status.

• Students must leave the U.S. within 15 days from the start of the LOA. The only exception to this rule is students approved for Medical Leave of Absence.

• LOA can not exceed one academic year (3 quarters).

• Students on LOA and out of the U.S. for more than 5 months require a new SEVIS record.

Student Name:________________________________________ Date:__________________________

ID # ______________________ Degree: ___________________________________________________

Leave of Absence Reason:

☐ Medical
  - Documentation is required from the Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist.
  - Attach the medical documentation to this form.
  - Student may stay in the U.S. during the authorized medical LOA.

☐ Personal
  - Student must leave the U.S. within 15 days after start date of LOA.

Reason: (if necessary, attach a letter)___________________________________________________
_______________________________________________________________________________________

Leave will begin___________________________ Return from the leave _________________________

Contact Information during Leave of Absence:

Email Address______________________________ Phone Number______________________________

Address during Leave of Absence__________________________________________________________
____________________________________________________________________________________

I have read and understood all the rules and regulations pertaining to Leave of Absence.

______________________________________ DATE

STUDENT’S SIGNATURE

______________________________________ DATE

ACADEMIC DEAN’S SIGNATURE