



OHIO
UNIVERSITY

Office of International Affairs

International Student
and Faculty Services
Baker Center 348
Athens OH 45701-2979
T: 740.593.4330
F: 740.593.4328
<http://www.ohiou.edu/isfs/>

Leave of Absence Request – F-1 Students

THE COMPLETED FORM MUST BE RETURNED TO THE OFFICE OF INTERNATIONAL STUDENT AND FACULTY SERVICES NO LATER THAN THE 15th DAY OF THE QUARTER

First Name: _____ Last Name: _____

PID: _____ E-Mail: _____

Telephone: _____ Address: _____

Section 1: Overview

Complete this form if you plan to take a leave of absence. A leave of absence is defined as temporarily departing the US and not registering for classes during the absence. This form does not need to be completed if you are temporarily departing the US during your annual vacation (typically summer quarter).

A leave of absence allows a student to temporarily depart the US during the academic year and resume F-1 immigration status upon their return to the US. In order to be eligible for a leave of absence, your time out of the US must be less than five months. If you depart the US for five months or more, you are not eligible for a leave of absence and you will be required to obtain a new Form I-20 and make a new entry into the US. Upon your return to the US following a leave of absence, you must enroll full-time at Ohio University for the first available term. You will be notified via e-mail by ISFS if your request for a leave of absence is approved.

If your leave of absence has been approved, your SEVIS record will be terminated for “authorized early withdrawal.” **Following your departure, you must contact ISFS one month before you plan to return to Ohio University so that we may change your SEVIS record back to “active” and issue you an updated I-20. If you do not do this, you will not be able to return to the US as an F-1 student.**

Section 2: Request

Please read and complete the following:

I will be taking a leave of absence during the _____ (quarter and year). I will be departing the US on _____ and returning to the US on _____. I will be enrolled full-time in the term immediately following my leave of absence. I understand that I must notify ISFS at least one month in advance of my return to the US in order to update my SEVIS record and I-20.

Signature: _____ Date: _____

Section 3: Academic Advisor Recommendation

A request for a leave of absence must be supported by the student’s academic advisor. Please review your plans with your advisor and have them complete the following section.

As this student’s academic advisor, I confirm the following:

- I have reviewed the student’s plans and support the request for a leave of absence
- This student is making satisfactory progress towards the completion of the program and is expected to complete their program of study in _____ (quarter and year)
- The student will be eligible to enroll full-time in the quarter immediately following the leave of absence

Academic Advisor Name: _____

Signature and Date: _____

E-Mail: _____ Telephone: _____

FOR ISFS USE ONLY

Notes:

Request for leave of absence approved: Y or N

Student notified: Y or N

SEVIS updated: Y or N

SIS updated: Y or N

Advisor/Date _____