



LEAVE OF ABSENCE REQUEST FORM - INTERNATIONAL STUDENTS

Students planning a withdrawal/leave of leave of absence must meet with an International Student Advisor the quarter prior to the planned leave/ withdrawal. Please be advised that you must be physically outside of the U.S. for the duration of leave. You must submit this form at least two weeks before your intended departure date. For more information, please go to the website: www.southbaylo.edu/ca/isa/.

Student Name: _____ Student ID#: _____
Last First Middle

Email: _____ Phone: _____ Program: MACHM DAChM DAOM

Leave of Absence Information Please check on of the following:

Taking a Leave for less than 5 months

- Attach a copy of airline ticket. Your departure from USA must be within 15 days from the submission of this form.
- Make sure that you have a valid travel signature on your current I-20 prior to your departure.

Note: You must submit an I-20 Request Form to request a SEVP Data Fix to change your SEVIS Record from "Terminated" to "Active" 2 months before your intended quarter of return. This change must be completed before you return to the USA or you will not be granted entrance into the country.

Date of Departure: ____/____/____ Quarter of Departure: Winter Spring Summer Fall Year: _____
Quarter of Return: Winter Spring Summer Fall Year: _____

Taking a leave for more than 5 months

- Attach a copy of your airline ticket

If you are outside of the U.S. for more than 5 months, your current I-20 will be Terminated. To receive a new I-20 you will need to submit the following at least 2 months prior to your return:

- I-20 Request Form
- Proof of financial support
- Proof of readmission

Once you are issued a new I-20, you

- May not enter the U.S. in F-1 earlier than 30 days before start date on I-20
- Pay a new SEVIS fee
- Apply for a new U.S. visa
- Must be enrolled for one full academic year to be eligible for OPT.
- Must see the International Student Advisor within 5 days from arrival date.

Date of Departure: ____/____/____ Quarter of Departure: Winter Spring Summer Fall Year: _____
Quarter of Return: Winter Spring Summer Fall Year: _____

I certify the above information is accurate to the best of my knowledge. I am aware that I must provide documentation to support my request and it is my responsibility to meet with the International Student Advisor.

Student's Signature

_____/_____/_____
Date

OFFICE USE ONLY

Approved by: _____
International Student Advisor

_____/_____/_____
Date

Approved by: _____
Academic Dean

_____/_____/_____
Date