a		
Student ID:		
Judeni ib.		

Office of International Programs North Dakota State University 116 Memorial Union Dept 4620 - PO Box 6050 Fargo, ND 58108 Phone: 701-231-7895 Fax: 701-231-1014

ndsu.international@ndsu.edu

## Request for an authorized Leave of Absence

Date:		
Student Name:		
Major:		
	☐ Undergraduate	
	☐ Graduate	
Email address:		
	Reason for requesting a leave of absence:	
	What are your plans during your time away from NDSU? In what country will you spend this time?	
n do you wish to	return to NDSU? (Fall 2011, for example)	

My I-20 will be terminated because of an early withdrawal from NDSU and I understand that taking a leave of absence from NDSU does not automatically guarantee my re-entry to the United States to continue studies at North Dakota State University. I will maintain contact with the Office of International Programs regarding my plans to return to NDSU, and will provide my date of return at least 2 months in advance. I understand that my re-entry to the U.S. will require me to receive a new SEVIS I-20, show official documentation of funding for at least one year, and to pay a new SEVIS fee (currently in the amount of \$200). If my visa will be expired, or if I have been absent from the U.S. for more than 5 months, I must renew my visa before re-entering the United States. Depending on my length of absence, I will not be allowed to participate in practical training (CPT or OPT) immediately upon my re-entry and may be required to be present at NDSU for another academic year after my return before becoming eligible for practical training. If I am withdrawing after the semester has begun, I am aware of the registration and drop deadlines for courses and of any related tuition/fee refund deadlines, and I agree to fill out the Withdraw to Zero form (see BisonConnection for dates/deadlines and forms).

Signature	Date