

## STUDENT LEAVE OF ABSENCE REQUEST FORM

### STUDENT INFORMATION. *(Please Type)*

Full Name:

Date of Birth:

Phone:

Email:

Current address:

City:

State:

ZIP Code:

CWID#:

Undergraduate

Graduate

Major:

Phone:

### REASON(S) FOR LEAVE

#### Medical Leave

You must submit a timely, complete and sufficient medical certification to support a request. Failure to provide a complete and sufficient medical certification may result in a denial of your request.

Illness

Care for Newborn/Adopted child

Care for ill Parent /Spouse/Child

Pregnancy Disability Leave

Other: \_\_\_\_\_

#### Personal Leave

Please submit a detailed explanation for why you are requesting a leave of absence. This can be emailed to [international@ulm.edu](mailto:international@ulm.edu)

Non-Medical Reason: \_\_\_\_\_

Vacation

Effective date of leave: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

#### If the leave of absence is granted:

- You MUST leave the U.S. within 15 days from the time you request the absence.
- You MUST turn in your I-94 at the port of exit upon leaving the U.S.
- You MAY NOT use your student visa to enter the U.S. during your absence.
- You MAY NOT be registered in classes in the U.S. nor live in the U.S. during your absence.
- You MUST return to the U.S. within 5 months of submitting your request to keep your immigration status and begin classes at the next available session.
- You MUST contact the Office of International Students within 30 days of your anticipated return date.
- You are not allowed to remain in the U.S. during the temporary absence, but you can return within 30 days of the next semester
- Any absence from the U.S. of more than 5 months will require you get a new visa
- You are eligible to choose a temporary departure if you are have already begun your studies in the U.S., have an active I-20 / SEVIS record, and are a full-time student.

I've read the applicable Guidelines and understand my responsibilities for requesting this type of leave.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### FOR THE OFFICE OF INTERNATIONAL STUDENT USE ONLY *(Please Type)*

Full Name:

Title:

Phone:

Email:

CWID#:

Department:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_