

## LEAVE OF ABSENCE FOR F1 STUDENTS

### STUDENT INFORMATION

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BANNER ID: \_\_\_\_\_ SEVIS NO. N000

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

US ADDRESS: \_\_\_\_\_

EDUCATION LEVEL:  UNDERGRADUATE  GRADUATE  OTHER: \_\_\_\_\_

DEGREE AT CUI: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

### TRAVEL INFORMATION

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DEPARTURE DATE FROM THE U.S.: \_\_\_\_\_ RE-ENTRY DATE TO THE U.S.: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EXPECTED SEMESTER OF RETURN: \_\_\_\_\_

STUDENT'S REASONS FOR LEAVE: Choose One Below

- Complete withdrawal from CUI (DO NOT PLAN ON RETURNING TO CUI TO STUDY)
- Leave of Absence (MEDICAL REASON: Attach less than Full Time form and Doctor Letter)
- Leave of Absence (Out of U.S. less than 5 months)
- Leave of Absence (Out of U.S. more than 5 months)
- Other (Please explain) \_\_\_\_\_

### SIGNATURES

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I have read and understand the leave of absence guidelines and restrictions.

\_\_\_\_\_  
Student Signature Print Name Date

I approve of this student's request for Leave of Absence.

\_\_\_\_\_  
Academic Advisor Signature Print Name Date

I have been informed of this student's request for Leave of Absence.

\_\_\_\_\_  
Academic Advisor Signature Print Name Date