

Student ID: _____

Request for Authorized Leave of Absence

Last Name: _____ First Name: _____

Major/Program: _____ Undergraduate Graduate

Personal email address: _____

NDSU email address: _____

Reason for requesting a leave of absence:

What are your plans during your time away from NDSU?

For what semester/term do you wish to return to NDSU? (Fall 2022, 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 Student & Study Abroad Services 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 OneStop for dates/deadlines and forms).

Student Signature _____ Date: _____

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