

**California State University, Northridge
International and Exchange Student Center
Request for Leave of Absence**

Last Name _____ First Name _____
Date of Birth ___/___/___ CSUN ID # _____
SEVIS ID # N _____ Status (check one) F-1 _____ J-1 _____
U.S. Address _____
Email _____ Phone _____

International students may request a leave of absence for one or two semesters. Students who are not enrolled for more than two semesters will be required to re-apply to the university.

- Appointment with Advisor on (date): _____
- Semester & year of leave requested:
 Fall _____ Spring _____
- Expected semester of return _____
- Last date of attendance: _____
- Expected time outside the US:
 _____ Less than 5 months
 _____ More than 5 months
- Reason for Leave: Please attach copy of Airline Ticket if applicable.
 _____ Study Abroad (Attach proof of Study Abroad placement)
 _____ Medical (Attach appropriate, official documentation)
 _____ Visa Delay
 _____ Family Concerns
 _____ Financial
 _____ Other _____

Foreign Student Advisor _____
Date

Office Use Only: Check when applicable:

_____ Terminate SEVIS record. Reason: _____
_____ The student has submitted an updated Affidavit of Financial Support and bank statement.

Notes: _____

Date SEVIS record terminated:

Date new I-20 Issued:

Staff Initials _____