



Office of International Student Services

Authorization Leave of Absence Form

When completed, please send to international@ncwu.edu

First Name _____ Last Name _____ Student ID _____

1. I confirm that I am a continuing student who is remaining in my home country for the semester due to _____. I departed the U.S. on ____/____/____ initials: _____
- ▶ Upon receipt of this request, ISS will terminate my SEVIS record for an Authorized Absence.
- ▶ This termination means that you must remain outside the U.S, for the requested semester and any subsequent terms until you request to return to the U.S.
- ▶ I must contact ISS and confirm my return to the U.S. 30 days prior to the semester for which I intend to re-turn (provide copy of return airline ticket and class schedule). If I am absent from the U.S. for more than 5 months, USCIS may or may not reset my SEVIS record back to active. If not approved, I will have to re-quest a new I-20 and pay the SEVIS I-901 fee in order to return to the U.S. and resume my studies.

This is called a Restart of status and entails the following conditions:

- ▶ I must not return to the U.S. more than 30 days prior to the start of the semester when I plan to resume my studies.
- ▶ I may possibly forfeit my immediate eligibility to apply for OPT when restarting my F1 status.
- ▶ I must renew my F1 visa if it expired while in my home country, and I must request and receive my new 20 prior to any visa appointment.
- ▶ I understand that upon my return to NCWU, I must enroll full-time, taking at least 12 credit hours.

I fully understand and accept the conditions and details stated above and the responsibility inherent in.

(Student Name Printed)

(Date)

(Student's signature)