

	LEA	VE OF ABSENSE	REQUEST	FORM			
Date:	EOU Student ID #:						
Name:	EOV Email:						
Level:	🗌 Undergraduate	🗌 Gradua	ate	🗌 Post-baccalaui	reate		
Address: _	Street Address		City	State	Zip		
Phone:							
I am reque	sting a one term "Leave of A	Absence" from Easter	n Oregon Uni	iversity. I will requ	lest a new travel		
-	on my current I-20 before I l		eave the Unite		, and plan to		
return to th	date						

- I understand that my SEVIS record will be in terminated status during the terms that I am away from the United States, and that I have 15 days to depart the U.S. once my SEVIS record has been terminated.
- I understand that I must contact my International Student Advisor **no later than** 30 days prior to my return to the U.S. (or the date of my visa interview), so that my SEVIS record can be reactivated before my reentry to the United States.
- I understand that I must be outside the U.S. for at least 2 months of the term, and that I may not re-enter the U.S. any sooner than 30 days prior to the start of the following term.
- I understand that if I stay outside the United States for longer than five months, I will need a new SEVIS record and I-20 from my International Student Advisor in order to return to the U.S. This will require payment of the SEVIS fee. I understand that I may also need a new visa and that I should ask the nearest U.S. consulate about this.
- I understand that this form applies to immigration policy only and that I must contact my department of faculty advisor for any questions about my academic status related to my leave of absence from the university.

Signature:		Date:	
FOR OFFICE USE ONLY			
SEVIS updated on	by		
Date	•	School Official	
Updated 2/22/2013			