Northern Illinois University
International Student and Faculty Office

Leave of Absence Request Form

Students planning a leave of absence from Northern Illinois University must schedule an appointment to meet with an International Student and Faculty Office Advisor immediately to discuss the planned leave. Please attach a copy of the airline ticket or flight itinerary showing your planned departure date.

Student’s Name: ____________________________________________ __________________________

LAST (Family) FIRST (Given)

SEVIS ID#: N ___ ___ ___ ___ ___ ___ ___ ___ ___
Student ID#: Z ___ ___ ___ ___ ___ ___ ___ ___ ___

Email (other than z-id): __________________________________________

Phone: __________________________________________

U.S. Local Address: __________________________

House/Apartment # Street Address Unit #

CITY STATE ZIP CODE

Level of Study: ☐ Bachelor’s ☐ Master’s ☐ Ph.D. ☐ Major/Field of Study: __________________________

Check one of the following

☐ I am taking a leave of absence for **less than five months**

Your SEVIS record will be deactivated. To re-enter, contact ISFO at least 2 months before your return date to have your SEVIS record re-activated. Your current I-20/DS-2019 will still be valid, just make sure to have a valid travel signature.

Date of Departure: __________________________________________

Expected Semester Return: ☐ Fall ☐ Spring ☐ Summer 20____

☐ I am taking a leave of absence for **more than five months**

If you are outside the U.S. for more than 5 months, your current SEVIS Record will be terminated. To receive a new I-20/DS-2019, you will need to contact ISFO immediately.

Date of Departure: __________________________________________

Expected Semester Return: ☐ Fall ☐ Spring ☐ Summer 20____

Note: Once you are issued a new I-20, you will not be able to enter the U.S. earlier than 30 days before the program start date; will have to pay a new SEVIS fee; apply for a new visa; and will have to check-in with ISFO.

Student reason for leave: __________________________________________

_________________________________________________________________________

_________________________________________________________________________

I hereby certify the above information is accurate to the best of my knowledge. I am aware that I must provide documentation to support my request and it is my responsibility to meet with International Student & Faculty Office advisors and other campus offices as appropriate.

Student signature: __________________________________________

Date: __________________________

July 2014