



Office of International Programs

LEAVE OF ABSENCE (LOA) REQUEST FORM

If you will be leaving the U.S. for an entire semester or more than 5 months, please bring this completed form to an OIP advisor during drop in hours. Failure to submit this form prior to an absence could affect your immigration status.
The LOA instruction can be found at <http://www.sfsu.edu/~oip/flservices/CurrentStudents/LeaveOfAbsence.html> (OIP Home > F-1 Services > Current Students > Leave of Absence)

TO BE COMPLETED BY THE STUDENT

Name: _____ Degree Objective: Certificate Bachelor's
(first/given) (last/family) Master's

SF State Student I.D. #: 9 SEVIS I.D. #: N

E-Mail Address: _____@mail.sfsu.edu Phone: () _____

Major Field of Study: _____ Today's Date: ____/____/____
Month Day Year

Semester and Year of Leave: Fall _____ Spring _____ (Departure Date: ____/____/____)
Expected Semester of return: Fall _____ Spring _____ (Return date: ____/____/____)
Expected time outside the U.S.: More than 5 months Less than 5 months Will not return

Reasons to leave:

- Study Abroad (Attending Certified CSU/SF State Bilateral Program)
- Graduate thesis/project/research abroad (Bring memo from the academic department)
- Withdrawal from SF State (Must leave the U.S. within **15 days** of the withdrawal date)
- Other: _____

Student forwarding address (Where you will be during your absence from SF State):

Permanent home country address (if different from forwarding address):

I have read the instructions for leave of absence online and understand the regulation and my responsibilities

Signature: _____ Date: ____/____/____

TO BE COMPLETED BY OIP

Advisor initials: _____ Date entered in SEVIS: _____

PLEASE RETURN THIS FORM TO AN OIP ADVISOR DURING DROP-IN HOURS