LEAVE OF ABSENCE (LOA) REQUEST FORM
(For F-1 International Students Only)

If you are an International student in F-1 visa status and 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://oip.sfsu.edu/f1loa

TO BE COMPLETED BY THE STUDENT

Name: ________________________________________
(first/given) (last/family)
SF State Student ID:  9 ____________________________
SEVIS ID: N ____________________________
E-Mail Address: ________________@mail.sfsu.edu
Phone: _______ - ________________
Major Field of Study: ____________________________
I-20 Expiration Date: _______ / _______ / _______
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: ____________________________  Today’s Date: _______ / _______ / _______

TO BE COMPLETED BY OIP

Advisor initials: ________________  Date entered in SEVIS: ________________

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