SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES
Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

Leave of Absence Request

Authorized Leave of Absence is a temporary absence (less than *five* months) from your studies and the U.S. Leave of Absences can only be approved by an International Services Specialist. Students in the Graduate Engineering Co-op program will not be authorized for a Leave of Absence without approval by the program director. You will only have 15 days to leave the country from the time you submit this form to the ISSS office or the last day of classes, whichever comes first. At least *one month prior* to your return to the U.S., you must contact an International Services Specialist in order to have your record set back to 'active status.' If your visa will expire while outside the country, you will need to apply for a new F-1 visa before you return. Once you return to the U.S., you will need to bring your travel documents with you to the ISSS office to complete your registration with the U.S. government. If you are out of the U.S. for more than five months, you will need to apply for a new I-20 through the ISSS office. F-1 Students: 8 C.F.R. § 214.2(f)(4)

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date

Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
If so, please update your information in Access immediately.

Date Leaving the U.S.: __/___/___ Do you plan to return to the U.S.? □Yes □ No If so, When?___/__/___

I understand that I must leave the United States within 15 days of submitting this form.
I understand I am responsible for withdrawing from the University myself.
I understand that I must check with other offices at SMU in order to stay in good standing with university.
I understand that I am responsible for maintaining my SMU email account for correspondence with ISSS.

Please attach the following documents:

Copy of itinerary proving departure from the U.S.
Letter from academic advisor or dean that states the student is making normal progress towards their degree and will be eligible to enroll full-time for the upcoming semester.

Please speak with the following departments concerning your withdrawal and how this affects your status at the university:

Student Financial Services/Bursur's Office
University Registrar
Department/school

By signing below, I affirm that I understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name:_____ Signature:_____ Date:___/__/___

International Services Specialist:	Signature	Date