**Leave of Absence from University of Redlands by F-1 Student**

**Leave of Absence Request**

Please note that you must be physically outside of the U.S. for the duration of your leave. Be sure you withdraw from any classes you may have registered for during your planned leave. You must attach a copy of your airline ticket or flight itinerary showing planned departure date.

**Student Information**

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEVIS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-Redlands Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Leave: \_\_**Temporary \_\_Withdrawal \_\_Medical \_\_Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAVE OF ABSENCE**

I am taking a leave of absence for (please check one):

* \_\_\_ less than 5 months
* \_\_\_ more than five months

You will need to submit the following supporting documents to apply for a leave of absence:

* Unofficial transcript
* Departure airline ticket or itinerary

Last date you attended class:

Effective start of your Leave of Absence: \_\_\_\_\_\_\_\_\_

The exact date of the termination will be based on the effective date you indicate on this form. You must depart the country within 15 days of the termination date.

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_