



Many Cultures. One Northeastern.

Non-Medical Leave of Absence Request Form

Part I: To be completed by the student

Name: Last or Family Given/First Name Middle Name

Northeastern ID: Degree/Major:

Leave of Absence Requested for: Fall Semester/Quarter Winter Quarter (CPS Only) Spring Semester/Quarter Summer Semester/Quarter

Exact Dates for Leave of Absence: From: to mm/dd/yy mm/dd/yy

Travel Information: Departure Date: Expected Return Date:

Student's Contact Information While on Leave of Absence:

Address:

Phone: Email:

Emergency Contact in the U.S.: Full Name Phone/Email

Student Certification

I certify that I am aware that my current SEVIS record will be terminated and that in order to return to the United States to resume my studies, I must request a new Initial I-20 from the ISSI, pay the SEVIS fee again (USCIS form I-901), and apply for a new F-1 student visa stamp abroad. Also, I am aware that government regulations require that I depart from the United States within the 15 days following termination of my SEVIS record. The process for obtaining a new Initial I-20 should be initiated by me by contacting the ISSI a few months prior to my expected return date. Additionally, I understand that I must remain outside of the United States for the duration of my leave of absence and that since I am re-entering on an Initial I-20, I may not return to the United States earlier than 30 days prior to the start of my next term. Furthermore, I understand that this form is solely for the purpose of notifying the ISSI of my leave of absence for SEVIS purposes. In order to be considered on an official leave of absence by the University, I must complete any additional forms required by my College/Graduate School and by the Registrar. I should consult with my College/Graduate School to ensure that I complete all required forms necessary for the University to officially record my leave of absence.

Student's Signature: Date:

Part II: To be completed by the SEVIS Contact

I certify that the student named above has been approved for a leave of absence for the FL WN SP SM Term 20

Signature of Designated College or SEVIS Contact Name/ Title Date

