

Chicago State University

Office of International Programs

Leave of Absence/Withdrawal Notification

This form must be completed IN ADVANCE of taking a leave of absence or withdrawing. When you turn this form in, you must make an appointment to see your Student Services Adviser. Please note that this form is only regarding your immigration status. **You must also talk with the Dean of your College to take care of the official University paperwork.**

Chicago State University Student ID # (six digits): _____

Name: _____
(family name) (given name) (middle name)

Current home telephone: _____

E-mail address: _____

Which are you planning? _____ Leave of Absence **or**
_____ Withdrawal from the University

Effective date of your Leave or Withdrawal (mm/dd/yyyy): ____/____/____

Date you plan to ____ leave the United States ____/____/____
mm dd yy

Reason for your withdrawal or leave:

Do you plan to return to the University at some time in the future? ____Yes ____No
If so, approximately when? _____

I understand that with an approved early withdrawal I have a "grace period" of **15** days within which to depart from the United States.

Signature: _____ Date: ____/____/____

For office use only.

I have met with the above student on the implications of taking a leave of absence or withdrawing.

____ Staff Initials ____/____/____ Date

____ Entered into SEVIS by ____ (staff initials)