



LEAVE OF ABSENCE/ WITHDRAWAL NOTIFICATION FOR SEVIS

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 the International Student Adviser. Please note that this form is for SEVIS purposes only. Please contact registrar office and academic advisor to fill out university leave of absence forms.

Benedictine ID: _____ SEVIS ID: _____

Name: _____
(Family name) (Given name) (Middle name)

Current home telephone: _____

BenU e-mail address:

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

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

____/____/____

Date you plan to leave the United States (mm/dd/yyyy):

____/____/____

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? _____

Signature: _____ Date: ____/____/____

❖5- Month Rule❖

If you are not returning to the United States within 5 months of your exit date, your current I-20/DS-2019 and current visa become invalid.

Benedictine will need to terminate that document and you will need to request a new one and take it to the U.S. embassy in your home country to apply for a new visa.

For office use only.

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

____ Staff Initials ____/____/____ Date

____ Entered into SEVIS by ____ (staff initials)