



Virginia International University
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Leave of Absence Form

Purpose: This form must be used by students who are seeking authorization for a temporary leave of absence from the university. Any leave expected to be lasting for more than one week must be authorized by the university. The student is NOT eligible for a refund for any missed classes (see a refund policy for more details.) **Please note:** F-1 visa holders may only request a leave of absence for medical reasons, if they are staying in the United States, or if they will be leaving the country. The F-1 visa students must consult with the International Student Advisor as well as the school dean prior to the leave of absence.

Instruction: Students may request an official leave of absence for a maximum time of ONE year. Students must submit a leave of absence form each semester. If a student is taking a leave of absence in the middle of semester, s/he must submit an add/drop/course withdrawal form to the Registrar's Office.

A: Personal Information

Student's Name: _____ VIU ID#: _____
 (Last) (First) (Middle)

Current Address: _____
 (Street)

 (City) (State) (Zip Code)

Phone: _____ E-mail: _____ SEVIS #: N _____

B: Complete the following:

Are you an international student?

- YES, and my visa status is F-1 other _____
 NO, I am a U.S. citizen / Permanent Resident.

Requesting a Leave of Absence for the following semester OR after the date: _____

Semester OR the date in which I will return: _____

Reason for leave of absence request (if preferred, a letter may be attached. If it is a medical leave, a student must provide the university with the relevant documentation from a doctor that shows s/he is required to take medical treatment for that term.)

Student Signature: _____ Date: _____

After completing this form, submit it to your school dean and the Accounting Office for approval.

Signature of Dean _____ Date: _____

Signature of Accounting Office _____ Date: _____

If you are an F-1 visa student, submit the completed form to the ISS Office.

Signature of International Student Advisor _____ Date: _____

Office Use Only

Registrar's Office Received by _____ date _____

- Tagged in DB3 Course add/drop/withdrawal form, if applicable
 Copy of LOA SEVIS record, if applicable