

Graduate Student Leave of Absence Request

Today's Date: _____

Family/Last Name: _____ First Name: _____

USC ID Number: _____ SEVIS Number: **N00**

First Semester at USC: _____ Date of Birth: _____

Telephone Number: _____ Degree Objective: Bach Master PhD Other: _____

Field of Study: _____ Current Status: F-1 J-1 Other: _____

Expected Graduation: _____ Email Address: _____

Local U.S. Address: _____

This form must be approved by an OIS Counselor before you initiate the Leave of Absence (LOA) from your department. One copy should be given to the academic department and the original stays with OIS. We advise making a copy for your own records.

A copy of this approved OIS LOA form and the departmental form (if separate) must be taken to Degree Progress in TRO 101.

All forms must be submitted to Degree Progress by the last day to add/drop courses for each semester for the LOA to be officially processed by the university.

All students on a Leave of Absence MUST report to OIS immediately after re-entry to the U.S. for status verification. Failure to do so will result in termination of the student's immigration status.

Students whose Leave of Absence will exceed 5 months must:

1. Request a new I-20 from OIS 3 months prior to intended return date (ois@usc.edu)
2. Pay the SEVIS I-901 fee
3. Apply for a new F-1 visa even if the current F-1 visa is still valid
4. Enter the U.S. no earlier than 30 days before the start date on the new I-20

Students who will be absent from the U.S. for more than 5 months will be ineligible for CPT/OPT during the first academic year upon arrival as they will be entering on an initial (new) I-20 record.

Leave of Absence requested for the following semester(s): _____

Departure Date from the U.S.: _____ Re-entry Date to the U.S.: _____

The Student:

- Is returning to home country Has documented medical reasons for Leave of Absence (attach documents)
- Is pursuing Post-Completion Optional Practical Training based on _____ degree from _____ to _____
- Has H-1B status beginning _____ (attach evidence)
- Other: _____

Academic Advisor Signature _____ Academic Advisor Name (please print) _____ Department _____ Ext. _____ Date _____

OIS Counselor Signature _____ OIS Counselor Name (please print) _____ Date _____

Student Signature _____

Office use: _____ units for _____. Restrictions: _____. RCL: _____.