Northwest Nazarene University

International Student (F-1) Leave of Absence Request Form

NNU ID Number: Click here to enter text. Date: Click here to enter a date.

Family Name: Click here to enter text. First Name: Click here to enter text.

E-mail Address: Click here to enter text. NNU Box Number: Click here to enter text.

**I am requesting a one semester “Leave of Absence” from Northwest Nazarene University.**

I will request a new travel signature on my current I-20 before I leave the U.S.

I will leave the United States on Click here to enter a date.

I plan to return to the United States on Click here to enter a date.

* I understand that my SEVIS record will be in terminated status during the semester that I am away from the United States, and that I have 15 days to depart the U.S. once my SEVIS record has been terminated.
* I understand that I must contact the Registrar no later than 60 days prior to my return to the U.S. so that my SEVIS record can be reactivated before my re-entry to the United States.
* I understand that I may not re-enter the U.S. any sooner than 30 days prior to the start of the following semester.
* I understand that if I am outside of the United States for longer than five months, I will need a new SEVIS record and I-20 from the PDSO/DSO in order to return to the U.S. This will require the payment of the SEVIS fee. I understand that I may also need a new visa and that I should ask the nearest U.S. consulate about this.
* I understand that this form applies to immigration policy only and that I must contact my faculty advisor and the Admissions Office for any questions about my academic and admission status related to my leave of absence from the university.

**Return this completed form to the Registrar’s Office, Emerson Administration Building, Room 10**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.