



CESL NUMBER \_\_\_\_\_

## CESL Leave of Absence Request

Student Name \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name

Immigration Status F1 \_\_\_\_\_ J1 \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Current Course \_\_\_\_\_ Current Session \_\_\_\_\_

Session Requesting Leave from \_\_\_\_\_

Next Session Attending \_\_\_\_\_

By signing below, I understand the following:

- If I am in F1 or J1 student status my SEVIS record will be terminated for Authorized Early Withdrawal.
- **I will have only 15 days to depart the US from the last day of the current session.**
- I understand that I cannot request a new initial I-20 from CESL. I must wait for SEVIS record to be reactivated by SEVP.

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
Original signature required