Leave of Absence/Withdrawal Request

Procedures for applying for a Leave of Absence or Withdrawal from Concordia University:

- Complete the Leave of Absence/Withdrawal form. Schedule an appointment with ISS and bring this form.
- Pay all outstanding balances due to Concordia University
- Once approved by ISS, withdraw from all classes at Concordia University
- You must depart the U.S. within 15 days of submission and approval of this form.

Re-Entry after a Leave of Absence:
Your SEVIS (I-20) immigration record will be terminated upon approval for a leave of absence. Procedures for re-entry to the United States differ depending on length of absence.

- Contact academic department to ensure that you can enroll in the next available class session.
- If your absence from the US is less than 5 months: Your SEVIS record must be reactivated prior to your re-entry. You may enter the US no more than 30 days prior to the start of your next semester. Notify ISS at least 30 days prior to your return to reactivate your SEVIS record.
- If your absence from the US will exceed 5 months: Notify ISS at least 3 months prior to your return. You will need a new I-20, new SEVIS fee, and new visa in order to return. Immigration regulations require students to wait one academic year before being eligible for benefits such as CPT, OPT, or economic hardship work authorization. Because you will have a new initial attendance I-20 and will start F-1 status anew, you must wait one academic year before pursuing these benefits.

Part A: To be completed by the Student

First Name _______________________________ Last Name _______________________________
L # ______________________________ Date of Departure _____________________________
Email (Concordia) __________________________ Email (Alternate) _______________________

Have you met with your academic advisor and obtained approval for a leave of absence?
____ Yes ____ No

If you are already registered and must withdraw from classes, list the classes below:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Applying for:  
___ Temporary leave of absence (out of US less than 5 months)  
___ Permanent withdrawal or extended leave of absence (out of US more than 5 months)

I verify that I have read the above information and authorize the ISS office to terminate my SEVIS record.

Signature: ____________________________________________________ Date: ______________________

Part B: Approval of ISS Advisor

Signature*: __________________________________________________ Date: ______________________

*To Registration and Records: signature indicates permission to withdraw from classes as listed above