



HOWARD
UNIVERSITY

Office of the International Student & Immigration Services

Leave of Absence Form

Please use this form to submit documentation regarding your leave of absence from your program and the termination of your F-1 visa status prior to the program end date listed on your I-20.

Student Information

Full Name: _____

SEVIS ID: _____

Program Information

Current Program: _____

Program Start Date: _____

Program End Date (as listed on I-20): _____

Departure Information

Date of Permanent Departure: _____

Reason for Departure: (Briefly explain)



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F-1 Visa Status

Termination of F-1 Status:

By submitting this form, I acknowledge that my F-1 visa status will be terminated and that I am responsible for applying for a new I-20 if I wish to return to the program in the future.

Responsibilities

I understand that I am responsible for withdrawing from my classes and settling any outstanding balances with the university.

I acknowledge that submitting this form will only affect my immigration status and will not impact any other aspects related to my enrollment at the university.

Student Signature: _____

Date: _____