

## Division of Student Affairs Office of International Student Services

## **LEAVE FORM**

Students who will take a <u>temporary or permanent leave of absence</u> from the University and the United States must complete this form.

Na	ime:		
	nme:(Last/Family Name)	(First/Given Name)	_
Stu	udent (CSU) ID Number:	Local Phone Number:	
Expected Graduation Date:		Major:	
Pe	rsonal Email Address:		
Ad	dress:		
			_
lm	migration Status:	☐ Other	_
I a	m planning to:		
	Leave the U.S. temporarily on	(date) and return to CSU on or about	(date)
	to complete my studies.		
□ Participate in a study abroad program lasting a semester or longer from(date)			
	to (date).		
	Withdraw permanently from CSU and depart from the United States. State reason		
ΡI	LEASE NOTE:		_
<ul> <li>If you remain outside of the U.S. for a semester or longer, you will need to re-activate your student file with the University. Visit the Office of the Registrar for a "Readmit" application.</li> </ul>			
	If you plan to remain outside of the U.S	S. for five or more months, you will need to renew your F-1 status ew I-20. Please make the request to the Office of Admissions. N	
	ave read and understand the above. I certify ange in the above information.	y that I will contact the Office of International Student Services if the	nere is a
	Signature	Date	