

LEAVE OF ABSENCE AUTHORIZATION FORM
Office of International Services
Governors State University

Student Name: _____ GSU ID # _____

Major: _____ Degree: _____

Leave of Absence Reason:

For medical reasons: Documentation is required from a licensed medical doctor, attach the medical documentation to this form.

Leave Begins: _____ Leave Ends: _____

Date Leaving U.S.: _____ Date Re-entering U.S.: _____

Next Trimester intended to attend: Summer 2009 Fall 2009 Winter 2010

I approve this student's request for leave of absence:

Academic Advisor Authorization:

Print name	Signature	Date
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International Advisor Authorization:

Print name	Signature	Date
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Note: If you leave the country for more than five months, you must obtain a new initial I 20 to reenter United States. Once this occurs, the F1 clock is reset.

STUDENTS WITH A NEW I20

- If CPT is not required by the program within the first academic year, you will not be eligible to apply for off campus employment until you have completed/maintained an academic year of fulltime study.
- Students must submit the required financial documentation and guarantee the amount shown on the I20.
- Form I20 will be mailed to your foreign address, if you need to apply for a visa; you must do so prior to entering the United States.
- If you already have a valid F1 visa, you do not need to apply for another one.
- Students with an initial attendance I20 are required to pay a Sevis fee of \$131.00.