

MONTANA STATE UNIVERSITY

Office of International Programs * 400 Culbertson Hall * Phone 406-994-4031

Leave of Absence or Withdrawal Form (F-1)

OVERVIEW: The purpose of this form is to notify International Student and Scholar Services (ISSS) of your intention to take either a leave of absence or withdraw from Montana State University

INSTRUCTIONS:

If you are applying for a leave of absence or withdrawal before the semester begins:

- Complete the Leave of Absence Form below.
- If you are in the U.S., depart within 15 days of your Authorized Early Withdrawal.

If you are applying for a leave of absence or withdrawal during the semester

- Complete the Leave of Absence Form below
- Make an appointment with an ISSS advisor to discuss the situation
- Withdraw from all your classes only after ISS approves your request. The Registrar's Office can help you, if necessary. If the semester's withdrawal date has passed, you will need to complete a Retroactive University Withdrawal through the Dean of Students Office. More information can be found at the Office of the Dean of Students website: <u>www.montana.edu/deanofstudents/retro</u>
- Depart the United States within 15 days of submission of this form.

If you are planning on re-entering the United States following your leave of absence:

- If you will be out of classes for **less than five months**: enter with your current I-20 and a valid travel signature. <u>Notify ISSS 30 days in advance</u> of the start of the semester for which you wish to return to ensure your record will be returned to ACTIVE. Please email us a confirmation of your return ticket to the U.S.
- If you will be out of classes for **more than five months**: contact ISSS at least three months prior to your return. You will need a new SEVIS record and I-20. The Department of State advises students to apply for a new visa at a US Consulate or Embassy before re-entry if returning from a leave of greater than five months with initial attendance I-20s.

Note: If you wish to return for the summer semester you must be registered for classes full time during that semester



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Leave of Absence or Withdrawal Form

Name:	
(S	urname, First Name)
SEVIS ID:	Email Address:
Student ID:	Major:
Are you an Eng	glish Language Student? 🗌 Yes 🗌 No
Select one of t	he following reasons that best fits your need to withdrawal:
	I am taking a temporary leave of absence. I will be out of the United States for less than 5 months.
	I am taking a temporary leave of absence. I will be out of the United States for more than 5 months.
	I am completely withdrawing from Montana State University.
What is the fin	al day you will attend class?
	MM/DD/YYYY
What is your e	stimated departure date from the U.S.?
Please review	the following statements carefully and agree that you understand them:
I will nI will n	otify the Student Accounts Office of my plans and pay any remaining money owed. otify the Registrar's Office of my plans and drop all future classes I am registered for. otify my academic department of my plans. rstand that I must leave the U.S. within 7 days of the submission of this form.

• I understand that I must contact ISSS 90 days before I plan to return to the U.S.

Student Signature

Date