

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

PERM #: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_ Class Level: \_\_\_\_\_

Students who are taking a leave of absence are those who would like to return to their home country for one or more quarters, with the intent of returning to UCSB. In order to take a leave of absence, you are required to meet with an advisor at OISS. When you take a leave, you must be outside the United States for the duration of your absence (consult your advisor if you're interested in visiting the U.S. on a different visa type).

I am planning to take my leave:  Mid-quarter  At the end of the quarter

Current Quarter: \_\_\_\_\_ Quarter of planned return (if known): \_\_\_\_\_

Is this a Gap Quarter (taking ONE quarter off only)?  Yes  No

Do you plan to apply for CPT or OPT in the future? (Check the box if 'yes.')  CPT  OPT

Reason for taking a Leave of Absence:  
\_\_\_\_\_  
.....

**I certify that:**

- I have met with an OISS Advisor.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planned Termination Date: \_\_\_\_\_ Must Depart U.S. By: \_\_\_\_\_

- I have attached my:
  - Visa
  - Flight Confirmation showing a departure date within 15 days of planned termination
  - UCSB Registrar's Cancellation or Withdrawal form
  - Copy of current class schedule (keep a printed copy for yourself)
- I understand that 3 continuous quarters of enrollment is required for OPT and CPT eligibility, and to keep my status.
- I understand that I must depart the United States within 15 days of the date my I-20 is terminated. Failure to do so will result in accruing unlawful presence.
- It is my responsibility to contact OISS at least 60 days before the quarter I intend to return in order to request a new I-20 or DS-2019.
- It is my responsibility to seek readmission from the Office of the Registrar and ensure I can enroll in a full course load during Pass 1 of my planned return quarter.
- (For gap quarter only:) I understand that revalidation on my I-20 is not guaranteed and I may have to return on an initial I-20.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

**For Internal Use Only:**

Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved and processed:  Confirmation email sent to student: