

LEAVE OF ABSENCE/WITHDRAWAL NOTIFICATION

International students should not take a leave of absence or withdraw from Eastern Washington University without first speaking with an immigration advisor in the Office of Global Initiatives (OGI) about the consequences of this action. This form should be completed by F-1 and J-1 students who intend to either take a leave of absence or withdraw from EWU, and depart the United States. Students requesting a change of status through USCIS are strongly urged to maintain valid F-1/J-1 nonimmigrant status until new status is granted. This form should **not** be completed by any student who intends to maintain their F-1 or J-1 status or any student who plans to participate in authorized research or study abroad. Students intending to transfer to another institution during the academic term should use the Transfer Out form, and remain enrolled and attend classes until their SEVIS record has been transferred to the new institution. F-2/J-2 dependents must leave the US with or before the F-1/J-1 student.

- F-1 students who complete the Authorized Early Withdrawal before dropping any classes have a 15 day grace period from their effective withdrawal date to depart the US. F-1 students who withdraw without prior DSO authorization must depart immediately.
- J-1 students who complete the Authorized Early Withdrawal process do not have a grace period to depart, but should plan to depart within 7 days or less.

FAMILY NAME		GIVEN NAME	
EWU NETID #		SEVIS ID #	
		N	
EAGLES EMAIL		OTHER CONTACT (personal email, phone # etc)	
FORWARDING ADDRESS			
I have the following number of dependents here:			

I wish to:

- Take a Leave of Absence outside the U.S. Estimated return date (mm/dd/yyyy) _____ if known.
- Withdraw from Eastern Washington University and depart the U.S. or change my visa status permanently.

Reason for your Leave or Withdrawal: _____

EFFECTIVE DATE OF WITHDRAWAL (mm/dd/yyyy)	DATE OF PLANNED DEPARTURE FROM THE U.S. (mm/dd/yyyy)

By signing this form, I certify that the information provided is true and accurate; I understand it is my responsibility to complete all necessary steps to withdraw from my classes through the Registrar's office; that my SEVIS record shall be terminated based on the date of withdrawal that I have indicated above; that I cannot work on or off campus once I withdraw from my classes or program; and that in order to return to the U.S. and resume study at EWU, I may need to apply for readmission, obtain a new SEVIS I-20 and repay the SEVIS fee to the U.S. government. I will inform OGI immediately and in writing if my circumstances change.

 Student Signature Date (mm/dd/yyyy)

For office use only: Student terminated SEVIS by _____ (staff initials) on ____/____/____ (date) Notes:
