IAU realizes that an emergency may occur for a student that may only be solved by electing to interrupt class attendance for a time by requesting a Leave of Absence (LOA). The student must direct such a request to the Office of Student Support by completing the LOA Request stating the reason for the LOA, the date of the request, the anticipated date of return, and sign the request. The LOA may be granted if sufficient reason and/or evidence is provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | |
| Student Name: | | Tel: | Email: |
| IAU SID# | | Program: | |
| My legal status is: | My enrollment status is: | | My mode of instruction is: |

|  |
| --- |
| **REASONS for LOA (Check all that apply)** |
| **Medical** - Medical or psychological conditions that necessitate their absence may request a medical leave of absence. Documentation of the serious nature of the medical condition must be provided.  **Financial Hardship** - Financial Hardship beyond student’s control (Death of Financial Sponsor, Natural Disaster, Economic Turmoil in Home Country).  **Military** - Called to active duty U.S. military service must provide a copy of their military orders.  **Incarceration** - Confined in prison; imprisonment.  **Personal** - Urgent personal grounds that necessitate their absence for a semester, such as death or a serious illness in the immediate family. |

|  |  |
| --- | --- |
| **STUDENT SIGNATURE** | |
| I have read and understand the LEAVE OF ABSENCE policy. I agree to resume my course of study on: ***YEAR: 20*      *TERM / SESSION:***  I understand that if I do not resume my course of study by the term stated above, there will be consequences including, but not limited to, being administratively withdrawn. F-1 students may have their SEVIS record terminated. F-1 students requesting an LOA for medical reasons must also submit a REDUCED COURSE LOAD (RCL) Due to Medical Reasons. | |
| ***STUDENT’S ELECTRONIC SIGNATURE:*** | **DATE:** |

***\*\*\* ADMINISTRATIVE USE ONLY \*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **CERTIFICATION** | | | |
| **APPROVED**  **DENIED** | Comments: | | |
| ***SSP ELECTRONIC SIGNATURE:*** |  | | **Date:** |
| ***RETURN DATE FROM LOA:*** |  | ***REQUIRES AUTHORIZED EARLY WITHDRAL IN SEVIS*** | |
|  |  | ***REQUIRES SEVIS REACTIVATION TO RETURN TO U.S.*** | |

***Provide copy to the student and file in the student’s permanent file.***