

Graduate Student Leave of Absence Request

Today's Date: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC ID Number: \_\_\_\_\_ SEVIS Number: **N000**

First Semester at USC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Degree Objective:  Bach  Master  PhD  Other: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Current Status:  F-1  J-1  Other: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local U.S. Address: \_\_\_\_\_

USC Student Union 300  
Los Angeles, CA  
90089-0899  
Ph: (213)740-2666  
Fax: (213)740-5194  
Email: [ois@usc.edu](mailto:ois@usc.edu)  
[www.usc.edu/ois](http://www.usc.edu/ois)

This form must be approved by an OIS Counselor before you initiate the Leave of Absence (LOA) from your department. One copy should be given to the academic department and the original stays with OIS. We advise making a copy for your own records.

**A copy of this approved OIS LOA form and the departmental form (if separate) must be taken to Degree Progress in JHH 010.**

All forms must be submitted to Degree Progress by the last day to add/drop courses for each semester for the LOA to be officially processed by the university.

**All students on a Leave of Absence MUST report to OIS immediately after re-entry to the U.S. for status verification. Failure to do so will result in termination of the student's immigration status.**

Students whose Leave of Absence will exceed 5 months must:

1. Request a new I-20 from OIS 3 months prior to intended return date ([ois@usc.edu](mailto:ois@usc.edu))
2. Pay the SEVIS I-901 fee
3. Apply for a new F-1 visa even if the current F-1 visa is still valid
4. Enter the U.S. no earlier than 30 days before the start date on the new I-20

Students who will be absent from the U.S. for more than 5 months will be ineligible for CPT/OPT during the first academic year upon arrival as they will be entering on an initial (new) I-20 record.

Leave of Absence requested for the following semester(s): \_\_\_\_\_

Departure Date from the U.S.: \_\_\_\_\_ Re-entry Date to the U.S.: \_\_\_\_\_

The Student:

- Is returning to home country  Has documented medical reasons for Leave of Absence (attach documents)
- Is pursuing Post-Completion Optional Practical Training based on \_\_\_\_\_ degree from \_\_\_\_\_ to \_\_\_\_\_
- Has H-1B status beginning \_\_\_\_\_ (attach evidence)
- Other: \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Academic Advisor Name (please print) \_\_\_\_\_ Department \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

OIS Counselor Signature \_\_\_\_\_ OIS Counselor Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Office use: \_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_. RCL: \_\_\_\_\_.