INTERNATIONAL STUDENT
Department Form

Personal Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Level</th>
<th>UO ID</th>
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<tr>
<th>Visa Type</th>
<th>SEVIS ID Number</th>
<th>I-20 or DS-2019 Expiration Date</th>
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Purpose of this request

- Leave of Absence
  - Term: ____________
  - Departure Date: __/__/__
  - Return Date: __/__/__
  - Must be requested by last day to ADD classes. Requires a meeting with an International Student Advisor.

- Early Withdrawal
  - Term: ____________
  - Departure Date: __/__/__
  - Return Date: __/__/__
  - Requires a meeting with an International Student Advisor.

  - I intend to resume my studies at the UO within less than 5 months of my departure date.
  - I intend to resume my studies at the UO more than 5 months after my departure date.
  - I have been disqualified and am leaving the U.S.
  - I do not intend to return to the UO.

- Transfer-Out
  - SEVIS Transfer Date: __/__/__ (determined by international student advisor)
  - Requires copy of your letter of acceptance to the new school.

  - Name of New School ___________________________________________________________________
  - Start Date: ______________

- Study Abroad
  - Term/s: ____________
  - Departure Date: __/__/__
  - Return Date: __/__/__
  - Requires signature from a Study Abroad Advisor verifying this is an approved UO study abroad program.

  - Signature: _________________________________________________________________________
  - Date: ______________

- Complete Program
  - Term: ____________
  - Departure Date: __/__/__
  - Requires leaving the U.S. within 60 days (grace period) for F-1 students, or within 30 days for J-1 students.

  - Student’s Signature ___________________________
  - Date: ______________

Non-UO Email ___________________________

Advisor Notes

Approved Initial C/W Initial RCL Dbase Initial SEVIS Initial GOAINTL Initial

International Student & Scholar Services • 3rd Floor Oregon Hall • Phone (541) 346-3206 • Fax (541) 346-1232
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