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:

o I have met with an OISS Advisor.

         Advisor’s Signature: ___________________________ Date: ______________________

Planned Termination Date: ___________________ Must Depart U.S. By: ___________________

o I have attached my:
  o Visa
  o Flight Confirmation showing a departure date within 15 days of planned termination
  o UCSB Registrar’s Cancellation or Withdrawal form
  o Copy of current class schedule (keep a printed copy for yourself)

o I understand that 3 continuous quarters of enrollment is required for OPT and CPT eligibility, and to keep my status.

o 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.

o 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.

o 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.

o (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: [ ]