Leave of Absence/ Withdrawal: F1 Students

Please complete All Fields.

LAST NAME _______________________________ FIRST NAME ____________________________

ITU STUDENT ID: __________________ SEVID ID: ________________________________

EMAIL ADDRESS: ____________________________________________________________

TELEPHONE: __________________ DEGREE: ________________________________

CHOOSE ONE BELOW

☐ Complete Withdrawal from ITU (Do not plan on returning to ITU to Study)

☐ Complete Withdrawal from ITU (COS approved (I-97), will continue in the future)

☐ Leave of Absence (Medical reason: Doctor Letter)

☐ Leave of Absence (Out of U.S. less than 5 months)

_____________________________________               __________________________

Student Signature                    Date

_____________________________________               _________________

International Advisor Signature      Date