**INTERNATIONAL TECHNOLOGICAL UNIVERSITY**

# Leave of Absence/Withdrawal: F1 Students

Please complete All Fields.

| LAST NAME _______________________________ | FIRST NAME _______________________
| ITU STUDENT ID: ___________________ | SEVIS 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-797), 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