



UNIVERSITY OF NORTHERN VIRGINIA

Request for Emergency Leave of Absence

Student ID # _____ SEVIS Number N _____

Student Last (Family) Name _____ Student First (Given) Name _____ M.I. _____

Phone Number _____ E-mail Address _____

Street Address _____ City _____ State _____ Zip Code _____

Major: _____ Degree: B.S/B.A. Master Doctorate

Anticipated Graduation Date: _____ Completion Date on I-20: _____

▶ Applying for the _____ term _____ year

▶ Is Proof of emergency attached? Yes No

Nature of emergency: _____

▶ Did you notify your academic department about your plan to drop below full-time status/ take a leave of absence?
 Yes; Person notified _____ No

▶ Did you notify the Registrar's Office about your plan to drop below full-time status/ take a leave of absence?
 Yes; Person notified _____ No

▶ Did you notify the Co-Op Office about your plan to drop below full-time status/ take a leave of absence?
 Yes; Person notified _____ No

Student Signature _____ Date _____

Completed by the DSO (International Student Advisor):

I have reviewed the documentation for this student's request for emergency leave of absence for the _____ semester, and this request _____ is / _____ is not approved. Leave was/ will be entered into SEVIS on _____.

International Student Advisor Signature _____ Date _____