



LEAVE OF ABSENCE (LOA) NOTIFICATION FORM

Report Extended Leave of Absence from Missouri State University

I. PERSONAL INFORMATION			
Name		Studen	t ID Number
Degree Level	Program of Study	/ (Major)	
Email (most frequently checked email)		Teleph	one
II. FOR STUDENTS ENGAGED IN A MSU-SPONSORED	STUDY AWAY	EXPERIENCE	
Student will be engaged in authorized graduate study/research/emp	loyment abroad		
Student will be engaged in authorized Study Away term(s)			
Dates	Dates of Travel		
Student will be registered at Missouri State University each academ	ic semester throughou	t the temporary leave	e of absence
Other. (Please explain)			
Academic Advisor: I recommend the above-named student be authorized for a temporary leave	of change		
	or absence.		Date (M/D/Y)
Print & Sign		1	
II. FOR STUDENTS DEPARTING THE U.S. TEMPORAR	II Y		
I am leaving the U.S. temporarily for personal reasons			
Date of departure.			
Intended semester of return			
Student' Signature		Date (M/D/Y)	
Academic Advisor: I am aware of the student's request for a temporary LOA and have advised the	e student accordingly.		
Print & Sign			
-			Date (M/D/Y)

PLEASE NOTE:

- If you are departing the U.S. for less than 5 months, contact International Services 60 days prior to your intended date of return to have your SEVIS record and I-20 "re-activated".
- If you are departing the U.S. for more than 5 months, you will need to apply for a new initial I-20 and pay the I-901 SEVIS again.