

DUKE UNIVERSITY, MEDICAL CENTER, HEALTH SYSTEM AND AFFILIATES

Duke Visa Services
Box 90790
Location: 114 S. Buchanan Blvd.
Smith Warehouse 1st Floor, Bay 7
Durham, NC 27708

Telephone: 919-681-8472
919-681-VISA
Facsimile: 919-681-8492
Email: visahelp@mc.duke.edu
Website: <http://www.visaservices.duke.edu>

Leave of Absence and Readmission Guidelines

I. Leave of Absence or Voluntary/Involuntary Withdrawal Procedure:

Depending upon the nature of your leave or withdrawal, your F-1 or J-1 status may terminate on the effective date of your leave or you may have a short lawful grace period after that date in which to remain in the U.S. and prepare to leave. There is no grace period in cases of academic termination, suspension, or expulsion, but there is a grace period of 15 days for voluntary withdrawal for F-1 or J-1 status. If you have family members in F-2 or J-2 status, their status terminates with yours.

Please be aware the Department of Homeland Security will be notified of this separation by reporting it through the Student and Exchange Visitor Information System (SEVIS). Remaining in the U.S. without authorization could have serious immigration consequences in the future.

You must complete the *Leave of Absence or Withdrawal Notification Form* and submit it to Visa Services upon approval of your Leave of Absence by your dean.

II. Readmission after a Leave of Absence Procedure:

Once you have been formally readmitted to Duke University, Visa Services requires the following information to issue you a new visa document **at least 2 months** in advance of your return:

1. Letter from your academic advisor/dean confirming your course of study, degree, semester of return, and expected completion date.
2. A completed part II of the Webform Application. Please note that it is your responsibility to request this form electronically from your designated International Student Advisor at Visa Services.
3. Evidence of financial capability in the form of bank statements (checking or savings account), assistantship/fellowship award letter, or scholarship letter. If you will be sponsored by your parents or another personal source, please provide bank statements from the source as well as a sponsorship letter from the sponsor. It must be signed and dated by the sponsor and state their name, relation to you, amount of funding, and duration of support.
4. Copies of your passport, visa stamp, and previous I-20.
5. FEDEX/DHL account number in which we can mail your visa document to you. If you are not able to provide this, then you may authorize a friend in Durham to pick up your visa documents on your behalf. We no longer mail visa documents at the expense of Duke Visa Services.

Please submit all the information together to your International Student Advisor. Incomplete packages will delay the issuance of your I-20 or DS-2019.

DUKE UNIVERSITY, MEDICAL CENTER, HEALTH SYSTEM AND AFFILIATES

Duke Visa Services
Box 90790
Location: 114 S. Buchanan Blvd.
Smith Warehouse 1st Floor, Bay 7
Durham, NC 27708

Telephone: 919-681-8472
919-681-VISA
Facsimile: 919-681-8492
Email: visahelp@mc.duke.edu
Website: <http://www.visaservices.duke.edu>

Leave of Absence or Withdrawal Notification Form

Part I. To be completed by student:

Last Name: _____ First Name: _____ Date of Birth: _____
(as appears in passport)
Field of Study: _____ Degree: _____ Unique ID: _____

Request Leave of Absence due to:

Medical Condition

- Letter is required from the Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist (submit with this form) to substantiate the illness/medical condition and state the start and end dates of the leave (*per 8 CFR 214.2 (f)(H)(iii)(B) of the F-1 regulations*)
- Letter from your academic advisor recommending the medical leave and stating why the medical leave would be appropriate
- Medical leave may be authorized for no more than 12 months

Other (please explain)

As a F-1/J-1 student, I understand I must leave the U.S. within 15 days of the start of my leave of absence in cases of a voluntary withdrawal. If I have been involuntarily withdrawn, I must prepare to leave the U.S. immediately. Remaining in the U.S. without authorization could have serious immigration consequences in the future. I agree to notify Duke Visa Services of any changes to my plans. I understand that it is my responsibility to maintain my F-1 status and to notify Duke Visa Services **at least 2 months** before my return to the university.

Student Signature: _____ Date: _____

Part II. To be completed by Academic Dean:

LOA/Withdrawal Effective Date (mm/dd/yyyy): _____

Date/Semester Eligible to Return to Duke (if known): _____

Expected date/Semester of Completion (if known): _____

I approve of this student's Leave of Absence/Withdrawal request.

Name: _____ Date: _____

Signature: _____