REQUEST FOR LEAVE OF ABSENCE

Name：_____ Request Date： / /

SEVIS#:_____ [ ] Domestic [ ] Overseas

Present Address：_____ Phone： ( )_____ - _____

_____ Email：_____

Type of Leave (check one): ☐ Annual Vacation / Personal Leave of Absence

☐ Medical (provide a brief explanation on the lines below and attach any supporting documents)

Desired Leave of Absence Period: / / – / /

Reason for request : _____

Next Session Start Date: _____

Please read the following statements and initial each that applies to you.
Your initials indicate that you understand the statement.

1. _____ I am following all the laws and regulations of the United States and AOI policies.
2. _____ In case of changes in the stated plane above, I will immediately notify AOI and follow school procedures.

Please also note the following:
・Planning a vacation implies that the student is intending to enroll at and/or continue their education with AOI.
・If a student does not return to AOI following their vacation, the students 60-day grace period will start on the last day of the session prior to the students vacation.

Student Statement ： All the information on this form is about myself. It is true and correct to the best of my knowledge.

_____ **Date：** / /
Signature of Student Requesting for leave of absence

_____ **Date：** / /
Admission Officer Signature