Request for Approval to Withdraw, Cease Attendance, or Take a Leave of Absence (for F-1 Immigration Purposes)

All F-1 International Students are REQUIRED by immigration regulation to apply for approval from the Office of International Student Services (OISS) PRIOR to withdrawing from classes or ceasing to attend the University. Failure to apply for prior approval from the OISS is a violation of the F-1 immigration status. Students who receive prior approval from the OISS to cease attendance at Regent will have 15 days to complete arrangements for travel and depart the United States. Students who fail to register or withdraw from the University without prior authorization from the OISS are not afforded the 15 day grace period and must depart the U.S. immediately. After submitting this request to the OISS, you will receive an email response within 2 business days if your request is for an immediate withdrawal/leave of absence. If your request is for the following semester, you will receive an email response within 1 week after the class registration deadline for the following semester.

Last/Family Name: _____________________________ First/Given Name: ________________________
Regent Student I.D.: ___________________________ Local Phone Number: _____________________
Regent Email Address: ______________________________________________________________
Personal Email Address: ______________________________________________________________
The last day I plan to attend Regent is/was: __________; OR will be the end of the current semester ___

Did you notify your academic department about your plan to cease attendance?
___ Yes ___ No (If “Yes”, on what date was the department notified: ___________________)

Current PHYSICAL Address in the U.S.: Permanent HOME COUNTRY Address:
_____________________________________ ____________________________________
_____________________________________ ____________________________________
_____________________________________ ____________________________________
_____________________________________ ____________________________________

Reason for withdrawing or ceasing attendance at Regent University (check all that apply):
___Financial Constraints ___Family Emergency ___Academic Suspension/Dismissal
___Other, please explain: ______________________________________________________________________

*Special Note: Students applying for a medical leave/withdrawal must complete the MEDICAL Leave Form.*

Please explain your immediate plans for after you leave Regent University:
I will leave the U.S. on, or around, _______________________________:

Or, I will __________________________________________________________________________________

Do you plan to return to Regent University in the future?
___No ___Maybe/Uncertain at this time ___Yes, for the __________________ semester.

_____________________________________________ ___________________________________
(Signature) (Today’s Date)

Office of International Student Services - 201 Dede Robertson Student Center - 1000 Regent University Drive – Virginia Beach, Virginia 23464
Phone: (757) 352-4130 - Fax: (757) 352-4100