

# PT Study & Leave Request Form

Upon completion of this form, you may email it to the Office of the Registrar ([registrar.us@digipen.edu](mailto:registrar.us@digipen.edu)) and the Office of International Student Affairs ([dso@digipen.edu](mailto:dso@digipen.edu)).

## STUDENT INFORMATION:

Date of Request (MM/DD/YYYY): \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name, First Name

Major: \_\_\_\_\_

DigiPen Email: \_\_\_\_\_

Semester applying (please check one):  Fall  Spring  Summer Year (YYYY): \_\_\_\_\_

Please check the option that best applies to your situation:

- Illness or Medical Condition:** Please provide a letter from your medical doctor.
- To Complete Course of Study in Current Term:** If this is your reason, please sign and forward this form to [registrar.us@digipen.edu](mailto:registrar.us@digipen.edu).
- Leave of Absence:** Please submit a copy of your round-trip tickets (required). Note that your I-20 will be terminated. Before your return, DigiPen will get your I-20 reactivated in SEVIS and notify you by email when your I-20 is back to active status.
- Other** \_\_\_\_\_

**Please read before you sign:** If you are outside of the U.S. for more than 5 months, you will be required to obtain a new F-1 visa to return to the U.S. If your absence is due to medical condition, you will be required to provide a letter signed by a medical doctor (M.D.) recommending PT study with this request form. You are not allowed to drop below FT study until this request has been authorized in SEVIS.

Student Signature: \_\_\_\_\_

### TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR (OOR)

We certify that the student:

- 1. is expected to complete their degree upon finishing all degree requirements OR
- 2. has completed their degree on \_\_\_\_\_

\_\_\_\_\_  
Signature from OOR

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date: