

# DUKE UNIVERSITY, MEDICAL CENTER, HEALTH SYSTEM AND AFFILIATES

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

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

## Temporary Separation and Readmission Guidelines

Depending upon the nature of your leave of absence or temporary separation (LOA/TS), your F-1 or J-1 status may terminate on the date of the temporary separation 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 reports received through the Student and Exchange Visitor Information System (SEVIS). Remaining in the U.S. without authorization could have serious immigration consequences in the future.

If you will return to Duke once your LOA/TS has passed and you have been readmitted, Duke 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 confirming your course of study, expected completion date, and the date of return from the leave of absence is required.
2. A completed Part II of the Student Webform is mandatory. Please note that it is your responsibility to request this form electronically from your designated International Student Advisor.
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. A sample letter can be found at the following weblink: [http://www.visaservices.duke.edu/forms/New\\_I20\\_DS2019.pdf](http://www.visaservices.duke.edu/forms/New_I20_DS2019.pdf)
4. Copies of your passport, visa stamp, and previous I-20.
5. FEDEX/DHL account number or departmental mail code and address in which we can mail your visa documents to you. 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.**

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**Leave of Absence or Temporary Separation 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/TS Effective Date (mm/dd/yyyy): \_\_\_\_\_

Date/Semester Eligible to Return to Duke: \_\_\_\_\_

Expected date/Semester of Completion (if known at this time):  
\_\_\_\_\_

**Leave of Absence or Temporary Separation has been approved and the Registrar's Office has been notified.**

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

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