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## LEAVE OF ABSENCE / EXTENSION / CANCELLATION FORM

This document must be completed in its entirety and submitted to the Director of the Cooperative Education Department prior to submission to the DSO of the University of North America – in advance of taking a leave of absence, applying for an extension of an existing CPT I-20 or withdrawing from the Cooperative Education Program.

UoNA Student ID#: \_\_\_\_\_ CPT I-20 #: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mark only one:  Leave of Absence  Extension  Cancellation

Effective date of your Leave of absence, Extension or Cancellation: (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

Reason for your withdrawal or leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Please see the DSO to clarify the terms under which a leave of absence from the CPT program will be allowed to ensure that your student status in the U.S.A remains in good standing.*

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Coop Director: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_