Certification of Designated Department or College Official for:

[   ] Return from Academic Absence

[   ] Return to UIUC via SEVIS transfer

The following is required by the Office of International Student and Scholar Services when a student applies to return from an academic absence. Please ensure the student is properly coded in Banner to resume his/her studies at UIUC. Return the completed form to the student or mail to ISSS, 400 Turner Student Services Building, MC-306.

Please Note:
Non-immigrant students on F-1 and J-1 nonimmigrant status must be enrolled for a full course of study and must be making satisfactory progress toward their degree. Full-time status is defined as 12 semester hours. Any student wishing to register for a reduced course load should consult with an ISSS advisor and secure the appropriate documentation prior to finalizing the reduction in registration. Failure to do so will jeopardize a student’s legal status in the United States.

Today’s Date ____________________   Student UIN: _______________________ __

Student’s Name ___________________________________________________________

Student’s Preferred E-mail for correspondence ______________________________

Official’s Name and Title/ Phone: ___________________________________________

I certify that this student is working towards a Bachelor’s degree in the field of ________________________________.

Student will resume his/her studies at UIUC in: SPRING 20__  SUMMER I 20__  SUMMER II 20__  FALL 20__

This student is making satisfactory progress, and is expected to complete all degree requirements in ____________________.

Additional Comments:
________________________________________________________________________
________________________________________________________________________

I understand that the information provided on this form will be used to determine this student’s eligibility for an immigration benefit. My signature certifies that I am familiar with this student’s academic program and that I am authorized by my department to make this recommendation.

____________________________________________________
Signature of Designated Department or College Official

(Return from AA Form) 03/13