## **International Return From Leave**

Surname	Given Name	KUID
If OTHER, do	atus do you wish to have upon your return? [ o you wish to change to F-1 or J-1? □No ay stop here and sign the bottom of the form	□Yes: □F-1 or □J-1
	-1, are you currently in the U.S.? □Yes is your current immigration status? □F-1	
Do you currently have approval through SEVIS to not enroll during your leave of absence?   Yes  No  Expected Graduation Term:  Semester & year  Phone Number if currently in U.S:  Non-KU Email:		
Surname G 1. 2. 3.	ouse and/or minor children accompanying you in iven name Middle name Date of Birth	h Country of Birth Relationship to you
MAILING ADDRES	SS for I-20 or DS-2019	-
PLEASE COMPLET	E THE FINANCIAL VERIFICATION SECTION	- - ON ON THE NEXT PAGE
Student's Signature		Date

FINANCIAL VERIFICATION		
Please check and complete the following as appropriate. <u>ATTACH APPROPRIATE VERIFICATION</u> . Proof of finances must be ttached, e.g., bank statement or letter from sponsoring organization if the funding is not from KU.		
The University of Kansas:  MUST be signed below by appropriate department if receiving funds from KU		
☐ Academic Year Contracted Position: ☐GTA ☐GRA ☐Lecturer Department/School Employed by:		
FTE%: □ 50% □ 40% □ 30% □ 25% □ 20% □ Other		
Term(s): ☐ Fall 20 ☐ Spring 20		
Total Salary for period of appointment indicated above: \$		
Tuition/Fee benefits in addition to salary (can check more than one):		
Tuition: ☐ Student gets Full Tuition Paid (pays no tuition) or ☐ Student pays own tuition at In-State Rate Fees: ☐ Student gets All Fees Paid or ☐ Student gets Partial Fees Paid (specify)		
Likely Renewable? ☐ Yes ☐ No		
□ Summer Contracted Position: □GTA □ GRA □Lecturer  Department/School Employed by:		
FTE%: ☐ 100% ☐ 50% ☐ Other		
Term(s): ☐ Summer 20		
Total Salary for period of appointment indicated above: \$		
Tuition/Fee benefits in addition to salary (can check more than one):		
Tuition: ☐ Student gets Full Tuition Paid (pays no tuition) or ☐ Student pays own tuition at In-State Rate Fees: ☐ Student gets All Fees Paid or ☐ Student gets Partial Fees Paid (specify)		
Likely Renewable? ☐ Yes ☐ No		
☐ Scholarship Amount \$		
Funds provided by:(dept./school)		
□ Other Amount \$		
Signature of Dept		
NamePhone		
Thorac		
3 All other organizations providing support: (attach proof) Amount \$:		
Source of funding: name of organization		
□ Personal or Family Funds: Amount \$:		