ANNUAL VACATION REQUEST FORM

In order to be eligible for an Annual Vacation, you are required to be enrolled as a full-time student for at least 3 consecutive academic quarters. Annual Vacation must not exceed 1 quarter per academic year. Other restrictions may apply. ______ SEVIS ID # _____ STUDENT ID # ___ STUDENT NAME

0.02	Last		First		Middle
E-MA	AIL		DATE OF BIRTH		
CURF	RENT ADDRESS				
PROG	GRAM/LEVEL MAJOR				
Durir	ng Annual Vacation, you m	nav:			
	Remain in the US	Study part-tim	ne Travel	outside of US (Attach a copy of	flight itinerary)
Pleas	se indicate which quarter(s	s) you wish to requ	est as vacation quarter:		
	SPRING 20	SUMMER 20	FALL 2	20	WINTER 20
Please indicate which quarte you are returning to enroll as a full time:					
	SPRING 20	SUMMER 20	FALL 2	20	WINTER 20
CONS	ORTANT: FAILURE FOR RETURN SEQUENCES FOR YOUR F-1 IN	MMIGRATION STATU	S.		
Signa	ature of Student			Date	
OFFIC	CE USE ONLY				
II .	s is to confirm that the above dent will be taking ANNUAL		=		
Fin	ance Officer			Date	
Acc	ademic Dean			Date	
Inte	ernational Student Advisor	r		Date	

Recorded by: ____