



521 Wall Street, Suite 100
Seattle, WA 98121-1851
206.239.4720 / Fax: 206.239.4725
ISO@cityu.edu
www.cityu.edu

F-1 STUDENT VACATION /PART-TIME ENROLLMENT REQUEST FORM

Student Name: _____ SID#: _____
Last Name, First Name

Quarter: Summer Fall Winter Spring Year: _____

I would like to apply for

- Vacation Quarter* (Vacation quarters will be processed only once the Health Insurance fee has been paid or the Insurance Waiver Form has been submitted. Health coverage is mandatory for students taking a vacation quarter.)
Students may enroll part-time in courses while on vacation. Scholarship students are strongly advised to check whether the scholarship will be applicable to part-time enrollment, custom programs, and/or auditing classes.
- Permission to enroll part-time due to
 - Completion of course of study**
Less than full-time enrollment required to complete course of studies; on-site course requirements must still be met.
 - Initial academic difficulties**
Applicable during first quarter of attendance only; detailed explanation letter required.
 - Medical condition**
Attach letter stating the start and end date of the leave from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist as required by US immigration regulations.
Note: the Firebird insurance plan covers only the first 90 days of medical leave per policy year and proof of alternative insurance is required for leaves after the first 90 days. Please consult with your advisor regarding coverage.
 - Concurrent enrollment**

Student Signature

Date

Please submit this form in the quarter preceding your vacation/part-time quarter; earlier submitted forms cannot be accepted. The deadline for submitting the form is the registration deadline (20th before the start of the vacation/part-time quarter). Failure to successfully complete your current quarter courses may override the approval or require you to take classes during your vacation quarter.

To be completed by Advisor:

Insurance: Paid Not Paid Insurance Waiver

Request: Approved Denied

I herewith certify that, if applicable, the recommendation above allows for continuation of full-time enrollment in the program.

Advisor Signature

Date

DSO Approval:

Approved Denied

DSO/PDSO Signature

Date

Comments: _____