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.

☐ Permission to enroll part-time due to

☐ Completion of course of study (less than full-time enrollment required to complete course of studies; minimum of 1 onsite class required)

☐ Initial academic difficulties (applicable during first quarter of attendance only)*

☐ Medical condition (attach documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist)

☐ Concurrent enrollment

* Detailed letter explaining your circumstances required.

_________________________________________  ________________
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 will override the approval.

_________________________________________  ________________
Advisor Signature  Date

_________________________________________  ________________
Paid Insurance:  Yes  ☐ No  ☐

Vacation Request
☐ Approved

☐ Denied

Reason/Comment: __________________________________________________________

_________________________________________  ________________
DSO/PDSO Signature  Date