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**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 (20<sup>th</sup> before the start of the vacation/part-time quarter). Failure to successfully complete your current quarter courses will override the approval.

Paid Insurance: Yes  No

**Vacation Request**

- Approved
- Denied

Reason/Comment: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
DSO/PDSO Signature Date