

Notice of Vacation Term

If students plan to take a vacation term during a term other than the annual summer vacation, they must submit this form to the Office of International Education & Development and meet with an international student advisor.

All international students are eligible to take a vacation term after they have completed three terms of full-time enrollment in a row (12 credits for undergraduates, 9 credits for graduate students). If a student takes full-time classes during summer term, they may take a vacation term during other terms.

During a vacation term, students may enroll in classes and take less than a full-time credit load, or not register at all. Students may travel in and outside of the US if they have an updated travel signature (signed within six months) on their I-20/DS-2019. Always check the expiration date of your US Visa before traveling.

Name: _____ **Student ID:** _____
(Last/Family Name) (First Name) (Middle Name)

Current Address: _____
(Street, Apartment, or P.O. Box) (City) (State) (ZIP Code)

Phone Number: _____ **E-mail Address:** _____

Visa: F-1 J-1 Level: Undergraduate Post-Baccalaureate Graduate

Address During Vacation: _____
* If different from Current Address above. (Street, Apartment, or P.O. Box) (City) (State) (ZIP Code)

Desired Vacation Term (pick one): Fall Winter Spring **Year:** _____

To be eligible for the vacation term selected above, I have enrolled consecutively in full-time courses during the previous three terms (for the stated number of credit hours):

Fall _____ Winter _____ Spring _____ Summer _____ Year(s): _____ - _____
of Credits # of Credits # of Credits # of Credits

After my vacation term, I will enroll full-time during the following three terms:

Fall Winter Spring Summer Year(s): _____ - _____

By signing below, I understand that:

- a) I must continue to enroll full-time during the three terms I indicated after my vacation term, unless I graduate or have an approved Reduced Course Load, and
- b) Any failure to enroll would be a violation of my immigration status and could result in my SEVIS record being terminated in which case I must either apply for reinstatement or leave the US immediately.

Signature: _____ Date: _____

For office use only:

- DSO Approval Signature: _____ Date: _____
- SPACMNT
- SEVIS
- Excel