

Vacation Request Form

Important Reminder for Students: International students are eligible to take two months of vacation per year.

Please be aware that missing a session in your current level will interrupt your academic progress and no vacation will be approved until you complete a level.

Vacation requests must be submitted two weeks in advance. All vacation plans must be discussed and approved by your International Student Advisor, Tatiana Tyler at tyler4@valencacollege.edu. Once approved, you must be registered for upcoming classes. To qualify for vacation, you must meet the requirements below and submit all the documents with this form. **I-20 will be signed upon proof of enrollment.**

To qualify for a vacation, you must meet the requirements below and submit all the documents with this form.

- Attend classes full-time for 20 consecutive weeks
- Plan to return and continue a full-time course of study
- Show proof of registration for upcoming classes
- Show proof of insurance - Health Insurance Valid Through: ____/____/____ (You must be covered by insurance while on vacation).
- Must complete current level

Please complete below:

First (Given) Name:	Today's date:
Last (Family) Name:	Current Language Level:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Completed Language Level:
Date of Birth (MM/DD/YYYY)	Address:
Country of Birth:	Apt.#
Last Day of Current Class:	City:
Session Return Date:	Telephone:
Program End Date:	Email:

I am requesting the vacation time stated above and I authorize the DSO to change my program dates in my SEVIS record to the above indicated start and end dates. I am aware that if I change my mind, I must notify the DSO BEFORE my program end date. Failure to do so will mean I will be required to continue attendance.

Student's Signature: _____ Date: _____

International Advisor's Approval

- Has the student attended classes full-time for 20 consecutive weeks? Yes No
 Does the student plan to return and continue their program? Yes No
 Did student submit proof of registration? Yes No
 Did the student submit proof of insurance? Yes No
 Has student completed a level? Yes No
 Is this vacation request approved? Yes No

Date Received ____/____/____ Duration of Vacation: _____

DSO Initials: _____ CSC Initials: _____ SEVIS updated on ____/____/____

Updated in Continuity on ____/____/____

Advisor's Signature: _____ Date: _____

Comments: _____
