VACATION REQUEST

STUDENT Section – please PRINT very clearly!

___ ___ ___ - ___ ___ - ___ ___ ___ ___ **Student ID Number**

*N*_____ **SEVIS ID Number**

NAME:_____
Last (Family) Name First Name Middle Name(s)

Address (house number, street, Apt. #):_____

City:_____ State:_____ Zip Code:_____

_____ _____
Local Phone (required) Email Address (required)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) My I-20 expires on _____/_____/_____ (mm/dd/yy)
If your I-20 expires at the end of quarter you are requesting a vacation/quarter off, please consult an academic advisor to see if you are eligible for a program extension. Submit this form after you have met with an advisor.

2) I will return to Seattle Central and enroll full time for _____ (Quarter) 20 ____
If you are transferring to a different school at the end of the vacation/quarter off quarter do not complete this form. Please read the Transfer Out Process Guide and make arrangements for transfer before you submit this form.

3) I expect to complete my studies at Seattle Central following _____ (Quarter) 20____
If you are enrolling part-time due to a graduating quarter, please fill out a Reduced Course Load request form and choose graduating quarter instead of using this form.

4) I am requesting a vacation quarter during _____ Quarter, 20____

REMINDERS:

Drop off your I-20 for a travel signature before you leave the U.S. An immigration inspector will look for a signature on page 3 of your I-20 when you return to the U.S.

Your current I-20 and F-1 visa will become invalid if you are out of the U.S. for more than 5 months. Please consult with an immigration advisor if you plan to be out of the U.S. for more than 5 months.

ADVISOR Section

_____ _____
Advisor's Signature Date