VACATION QUARTER / QUARTER OFF REQUEST FORM

Please present your student ID when you submit this form to the IEP office. If you are not the student named below and need to submit this form on behalf of him or her, you must provide a written consent from the student.

Today's Date:_____/_____/_____
(Month/Date/Year)

Name: _____ _____
First Name Last Name

Student ID: 98___ -___ ___ -___ ___ ___ ___ **SEVIS #:** N __ __ __ __ __ __ __ __ __ __
Look at top right hand corner of your I-20, first page!

Phone number [required]: (__ __ __) __ __ __ -__ __ __ __

Email [required] Please write very clearly! : _____

1) My I-20's expiration date is _____/_____/_____ (mm/dd/yy)
If your I-20 is expiring at the end of the requesting "vacation/quarter off" quarter, please consult with an Academic Advisor first and see if you are eligible for extension, then submit this form.

2) I will return to SCCC and enroll full time in _____ (Quarter) 20 ____
If you are transferring to a different school at the end of the "vacation/quarter off" quarter, stop here! Please follow the "Transfer Out Process Guide" and make arrangements for transfer before you submit this form.

3) I expect to complete my studies at SCCC in _____ (Quarter) 20____
If you are enrolling part-time due to graduating quarter, stop here! Please fill out "Reduced Course Load" request form and choose "graduating quarter" instead of using this form.

I am requesting (check only one):

□ **VACATION QUARTER** (I will stay in the U.S. but do not enroll at all or enroll part-time. If requesting for Summer Quarter, choose this.)
_____ Quarter, 20_____

□ **QUARTER OFF** (I will be traveling outside of the U.S. and be absent for more than 2 months from quarter start date.)
_____ Quarter, 20 _____

Remember to drop off your I-20 for a Travel Signature before you leave the U.S.
Immigration inspector will look for a signature on page 3 of your I-20 upon your return to the U.S.

Note: Your current I-20 and F-1 visa will become invalid if you are out of the U.S. for more than 5 months. If you have such plan, please consult with an Immigration Advisor.

_____ □ Database □ SEVIS Updated: ____/____/____
Advisor's Signature Date

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