



## Quarter Break Request Form

Non-immigrant students in the United States must maintain their student status. As part of maintaining one's immigration status, **F-1 students must attend school full-time** (pursue a full course of study) at the school.

Although immigration regulations do grant provisions for F-1 students to take a break during the institution's vacation period (student is eligible to be on vacation after enrolled in 3 consecutive quarters), Sierra States University requires all students to be enrolled full time during the summer. When classes are in session, a student may be exempt from being full time if he/she has been authorized for vacation. The student taking no course or less-than-full course load without a written authorization will be terminated from SEVIS for failure to enroll as a full-time student, respectively.

Any changes that affect I-20 status, such as change of address, contact number, and e-mail address must be notified to us immediately within a 10 day change.

### 1. Vacation Request Check List:

- This student maintained good attendance and does not need any makeup work.
- This student has taken all final exams.
- This student has no outstanding payments due to Sierra States University.

### 2. Student Information:

Student Surname: \_\_\_\_\_

Student Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Student ID #: \_\_\_\_\_  
                                Month                  Date                  Year

### 3. Session Requesting to be authorized for vacation:

Winter 20 \_\_\_\_\_      Spring 20 \_\_\_\_\_      Summer 20 \_\_\_\_\_      Fall 20 \_\_\_\_\_

**4. Acknowledgement** – I have met all the vacation request requirements and financial obligations. I am signing below to acknowledge that I have read, understood and agreed to all the terms and conditions of this form and certify that what I have stated herein is true to the best of my knowledge.

\_\_\_\_\_      \_\_\_\_\_  
Student Signature    Date

### 5. FOR OFFICE USE ONLY

\_\_\_\_\_      \_\_\_\_\_  
Signature of Authorized Advisor    Date