

INTERNATIONAL STUDENT VACATION REQUEST FORM

Form 050-003
Rev. 02/17



COLUMBIA COLLEGE

Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

Centreville Extension
5940 Centreville Crest Ln.
Centreville, VA 20121
TEL. 703-266-0508

Silver Spring Extension
12125 Veirs Mill Rd.
Silver Spring, MD 20906
TEL. 301-929-0565

PLEASE READ: Following the regulations of the United States Citizenship and Immigration Services (USCIS) and SEVIS, all international students at Columbia College must complete three consecutive sessions before being eligible for a vacation. Students who have excessive absences and/or have an outstanding balance at the financial office will subsequently be denied. International students are eligible for ten weeks of formal vacation only after meeting all requirements and obtaining approval from the International Student Officer. The Vacation Request Form should be submitted at least two weeks before the beginning of the vacation. Also, the vacation deposit (one session tuition) should be paid in full to obtain approval for the vacation.

Student Name: _____ Date of Birth: _____
Last First Middle Month Date Year

Student ID: _____ Gender: Male Female

Address: _____
Street City State ZIP

Phone: (____) _____ Email: _____

Emergency Contact Person: _____ Phone: (____) _____
Name & Relationship

Currently Enrolled Program: _____ Campus: _____

Date Request: From _____ to _____
Month Date Year Month Date Year

Session: _____ Duration: _____ Weeks

Reason: _____

By signing below, I certify that the information contained on this form is true and accurate. I understand that I must comply with the school procedures for requesting vacation and I realize that my vacation MUST BE APPROVED by the International Student Advisor and the Program Director.

Student's Signature: _____ Date: _____
Month Date Year

For Office Use Only

Related Departments:

**Please initial*

Academics / ESL _____ Business Office _____

Office Approval:

Advisor's Signature: _____ Date: _____
Month Date Year

Director's Signature: _____ Date: _____
Month Date Year

Registrar's Signature: _____ Date: _____
Month Date Year