

# INTERNATIONAL STUDENT VACATION REQUEST FORM

Form 050-003  
Rev. 07/22



COLUMBIA COLLEGE

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

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 Advisor. The Vacation Request Form should be submitted at least two weeks before the beginning of the vacation. Also, the vacation deposit (one session tuition/nonrefundable) 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 / VESL \_\_\_\_\_  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*