



OHIO
UNIVERSITY

Office of International Affairs

International Student
and Faculty Services
Baker Center 348
Athens OH 45701-2979
T: 740.593.4330
F: 740.593.4328
<http://www.ohiou.edu/isfs/>

REQUEST FOR AN ANNUAL VACATION – F-1 STUDENTS

THE COMPLETED FORM MUST BE RETURNED TO INTERNATIONAL STUDENT AND FACULTY SERVICES NO LATER THAN THE 15TH DAY OF THE QUARTER.

First name: _____ Last Name: _____

PID: _____ E-mail: _____

Telephone: _____ Address: _____

Section 1: Overview

Complete this form if you are taking your annual vacation in the fall, winter or spring quarter. This form does not need to be completed if you are taking for the summer. Students are not required to be enrolled full time during their annual vacation period and may remain in the US.

To be eligible for an annual vacation during the fall, winter or spring term, you must have been enrolled full-time for the three consecutive terms immediately prior to the term in which you are planning to take your annual vacation. For example, a student who was enrolled full-time during the winter, spring, and summer terms is eligible for an annual vacation in the fall term. However, a student who was enrolled full-time in the winter and spring, but not enrolled full-time in the summer is not eligible for an annual vacation in the fall.

In addition, you must enroll full-time the term immediately following your annual vacation term. You may not take your annual vacation the term in which you will graduate. You will be notified via e-mail by ISFS if your request is approved. If your request is approved, you may remain in the US for the duration of your annual vacation.

Taking your annual vacation in a term other than the summer affects your Ohio University health insurance coverage. If you are not enrolled, you are not eligible for the regular student health insurance. You may, however, be eligible for temporary health insurance through the Hudson Health Center. Please contact the insurance office in Hudson for further information.

(continued on back)

Revised 3/14/2008

Section 2: Request annual vacation during fall, winter or spring quarter

Please read and complete the following:

I request permission to take my annual vacation during _____ (quarter and year).

- I have been enrolled full-time for the three consecutive terms immediately prior to this term.
- I will enroll full-time in the term immediately following my vacation term.
- I understand I will not be eligible for the regular Ohio University student health insurance during my vacation term.

Signature: _____ Date: _____

Section 2: Academic advisor's signature

I have discussed this request with my advisee and support it.

Name: _____ E-mail: _____

Signature: _____ Date: _____

For ISFS use only

Notes:

Request for annual vacation approved: Y or N Student notified: Y or N

SEVIS update: Y or N fsaATLAS update: Y or N Advisor/Date: _____