



**Western Oregon University
Notice of Vacation Term**

If students plan to take a vacation term during a term other than the annual summer vacation, they must submit this form to the International Students & Scholars Affairs office.

All international students are eligible to take a vacation term after they have completed three consecutive terms of full-time enrollment (12 credits for undergraduates - 9 credits for graduate students). If student take full-time classes during summer term, they may take vacation during other terms.

During a vacation term, students may enroll for classes if they want to and may take less than a full-time credit load. Students may travel outside of the US if they have an updated travel signature (signed within six months) on their I-20 or DS-2019. Always check the expiration date of your US visa before traveling.

1. Last Name:	First Name:	Student ID:
3. Phone Number:	Personal Email:	
2. Physical and Mailing Address during Vacation Term: (street, apt #, city, state, zip code)		
4. Vacation Term:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Year: _____
5. To be eligible for the vacation term shown in #4, I have enrolled full-time during these terms:		
	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Year(s): _____ - _____
6. After my vacation term, I will enroll full-time during the following three terms:		
	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year(s): _____ - _____

By signing below, I understand that:

- a. I must continue to enroll full-time during the three terms I indicated in #6, unless I graduate or have an approved Reduced Course Load, and
- b. Any failure to enroll would be a violation of my immigration status and could result in my SEVIS record being terminated in which case I must either apply for reinstatement or leave the US immediately.

Signature: _____ Date: _____

For office use only:

- DSO Approval Signature: _____ Date: _____
- SPACMNT
- SEVIS
- Excel