



# Authorized Vacation Period Request Form

Student: Please read the following about authorized vacation periods.

- 1) As an F-1 visa student, you are required to be enrolled in classes at all times except for official program breaks or during an authorized vacation period.
- 2) You are eligible for an authorized vacation period after you have been enrolled in twenty-six weeks of consecutive study session here at KSU, or combined with other programs. The twenty-six weeks only includes instructional time; it does not include time between sessions or between transfers.
- 3) You may not request a vacation period for a session that has already begun.
- 4) According to SEVIS regulations, you may only request a vacation period if you plan to return to continue your studies after the vacation.
- 5) You must maintain health insurance during the vacation period.
- 6) After your vacation, you must take the IEP placement test again. The results of this placement test will determine your level for your new session of study, and could mean that you have to move down a level or repeat a level that you previously passed. If you decide to take a vacation period after taking a level two times, you must place into a higher level when you return from vacation. You will not be able to repeat the level again.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Session at KSU's IEP: \_\_\_\_\_ Desired Vacation Period Session: \_\_\_\_\_

Do you plan to return to continue your studies in the IEP after your vacation period?  Yes  No

Do you have insurance coverage for the vacation period?  Yes  No.

*You must submit proof of health insurance coverage before your vacation period will be approved.*

Have you attended other English Programs with your F-1 student visa?  Yes  No

If yes, please provide the names of the programs, their location, and the approximate dates of attendance. We must confirm your attendance at these programs prior to approving your vacation period.

Program Name:	City:	Dates of Attendance:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign and date on the lines below to indicate that you understand the policies regarding vacation periods at Kennesaw State University's Intensive English Program and are requesting this authorized vacation period.

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