

# Northwest University

## Vacation Semester Request Form

### Student Information

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last (Family Name) First (Given Name) Month Day Year

Student ID Number \_\_\_\_\_ SEVIS ID Number \_\_\_\_\_

Current Address: \_\_\_\_\_  
Mailing Address City State/Province ZIP+4/Postal Code Country

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Vacation Request

*Vacation requests will be processed **after** all grades are posted for the semester (and before the requested vacation date). Approval notifications will be sent by email.*

Requested Semester of Vacation \_\_\_\_\_ 20 \_\_\_\_  
Fall / Winter / Spring / Summer

### Qualifications

1. Grades for the semester prior to this requested vacation must be posted.
2. Student must be in status (maintained a full course load and passing grade each semester).
3. Student must have attended 2 consecutive semesters.
4. Student must submit proof of insurance WITH this form.
5. Student must bring completed Degree Completion Form signed by the program advisor to the ISS office.

### Student Certification

- I understand that **I MUST BE AUTHORIZED BY THE INTERNATIONAL STUDENT SERVICES OFFICE** to take a vacation semester / period.
- I understand that **I MUST MAINTAIN MY LEGAL F-1 STATUS** while on vacation.
- I certify that **I WILL STUDY AT NORTHWEST UNIVERSITY UPON THE COMPLETION OF THE AUTHORIZED VACATION SEMESTER / PERIOD** or notify the International Student Services Office if I plan to close my SEVIS record or transfer at least two weeks before the completion of the vacation semester.
- I certify that **MY I-20 AND PASSPORT WILL NOT EXPIRE** during my vacation semester / period.
- **I HAVE PAID MY REQUIRED HEALTH INSURANCE** for the vacation semester/ period, or submitted a waiver that has been accepted by the International Student Services office. (Attached is a copy of my health insurance receipt for the vacation semester.)

I declare that the information on this application is true and complete to the best of my knowledge.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

(continued on next page)

**ISS Review** (to be completed by office staff)

The student is eligible to take the aforementioned vacation semester    \_\_\_ Yes    \_\_\_ No

Advisor Name \_\_\_\_\_ Title \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**Office of International Student Services**  
425.889.7805 | [international@northwestu.edu](mailto:international@northwestu.edu)  
[northwestu.edu/international](http://northwestu.edu/international)



**Northwest**  
UNIVERSITY