

### Important Information:

This form is to be used to request "Annual Vacation" for the student who are enrolled in the five-term programs and attend year round. There are three sections to this form, Section I to be filled out by the Student requesting the leave, Section II Academic Advisor's signature verifying that they have met with the student prior to the request, and Section III to be completed by OASIS.

For yearlong programs, the student can be authorized to take one term off for their "Annual Vacation". This can be any term during the program. However, the student must first meet the in-school policy\* prior to requesting a term off. See the regulation below.

(iii) *Annual vacation.* An F-1 student at an academic institution is considered to be in status during the annual (or summer) vacation if the student is eligible and intends to register for the next term. A student attending a school on a quarter or trimester calendar who takes only one vacation a year during any one of the quarters or trimesters instead of during the summer is considered to be in status during that vacation, if the student has completed the equivalent of an academic year prior to taking the vacation.

\*Lindenwood Policy is students must have completed four consecutive terms prior to requesting "Annual Vacation"

## Section I – To Be Completed By Student

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

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Degree Program/Major: \_\_\_\_\_

Degree level \_\_\_\_\_ ESL \_\_\_\_\_ Undergraduate \_\_\_\_\_ Master \_\_\_\_\_ Doctorate

Term that you are requesting for Annual Vacation: \_\_\_\_\_

## Additional information

- ☐ Medical necessity (Please provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist) <https://studyinthestates.dhs.gov/sevis-help-hub/student-records/manage-program-dates-registration-and-course-load/reduced-course-load> (if the request is for medical reasons there are other procedures we need to follow).
- ☐ Will this leave affect your current program end date? \_\_\_\_\_ Yes \_\_\_\_\_ No
- ☐ Have you spoken with your academic advisor about this request? \_\_\_\_\_ Yes \_\_\_\_\_ No
- ☐ Is this request for financial reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No
- ☐ Are you registered for the term following your leave? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
 Date

## Section II – Academic Advisor Signature

By signing this form I acknowledge that I have met with the above student and we have discussed their leave request and how this time off will affect or not affect their current program of study.

\_\_\_\_\_  
 Academic Advisor Signature

\_\_\_\_\_  
 Date

# LINDENWOOD

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## Section III – To Be Completed By OASIS

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How many terms have been completed? \_\_\_\_\_

Current Term: \_\_\_\_\_

Request approved \_\_\_\_\_ or denied \_\_\_\_\_

If denied, why \_\_\_\_\_

\_\_\_\_\_  
DSO / PDSO Signature

\_\_\_\_\_  
Date Signed: