8618 Westwood Center Drive Suite 100
Vienna, Virginia 22182
Phone: +1 (571) 633-9651
Fax: +1 (703) 890-3372
www.uona.edu

VACATION REQUEST FORM

STUDENT ID#: _____

STUDENT'S NAME: _____ _____ _____
Last name First name Middle initial

ADDRESS:

_____
City State Zip Code

LOCAL TELEPHONE #: _____ ☐ Home ☐ Mobile
INTERNATIONAL TELEPHONE #: _____ ☐ Home ☐ Mobile
UoNA E-MAIL _____

VACATION DATES REQUESTED: _____ to _____
Date vacation begins Date vacation ends

SEMESTER: ☐ Spring ☐ Summer ☐ Winter ☐ Fall

I have read the policies set forth on the reverse side of this form and, to the best of my knowledge, I am eligible to take the vacation which I have requested above.

_____ _____
Student Signature Date

COMPLETED FORMS ARE TO BE SUBMITTED TO THE DSO'S OFFICE WITH A TRANSCRIPT ATTACHED.
FORMS WITHOUT AN ATTACHED TRANSCRIPT WILL NOT BE REVIEWED.

FOR STAFF USE ONLY:

# of completed semester: _____
# of completed credit hours: _____
Grade point average: _____

Vacation Approved: ☐ YES ☐ NO

DSO Signature: _____
Printed Name: _____

SUBMIT FORM TO THE REGISTRAR'S OFFICE

Policies Regarding Students Eligibility to Take a Vacation:

The policies set forth are applicable only to students who are studying at the University of North America on a F-1 Visa status.

To be eligible to take a vacation:

1. A student must have completed at least three (3) consecutive semesters; or

2. A student must have at least eighteen (18) credit hours; and

3. A student must have at least a 3.0 grade point average.

A student cannot take more than one semester off for a vacation per academic year.