

American Language Program

25800 Carlos Bee Bouleyatalywad, CA 94542 Phone510.885.2358 Fax 510.885.2040 www.csueastbay.e/allp

ANNUAL VACATION TERM - ELIGIBILTY FORM

International Students in F -1 Status

Name:Last Name, First Name				Net ID:		
	Last Name, Firs	t Name				
Address:						
	Street	and Apartment Num	ber			
City		State			Zip	
Telephone No:			SEVIS Number:			_
(Submit this	form at least two	weeks before t	he end date	e of current t	erm)	
I will take	my annual vac	ation term	during (ci	rcle one)		
Spring 1	Spring 2	Summer	Fall 1	Fall 2	Year	
I intend to	return to a full	course of stu	dy (circle	one -	must be next possible ter	rm):
Spring 1	Spring 2	Summer	Fall 1	Fall 2	Year	
Last day to	register and p	oay tuition for	next term	າ		
Failure to r I-20 valid.	eturn on time	will put your F	-1 visa st	tatus in jed	ppardy. It is your responsi	bility to keep you
Student's S	Signature				Date	