



CAL POLY POMONA

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ENGLISH LANGUAGE INSTITUTE & AMERICAN SEMESTER PROGRAM

## Exit Form for Vacation Request

Need to know:

- Please allow 3 business days to complete your request, you will receive an email once your I-20 is ready.
- You must have completed 4 consecutive terms and want to return to CPELI after vacation
- Must be in good standing and have a valid I-20

<b>Student Name:</b>	
<b>CPELI ID:</b>	<b>SEVIS ID:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Current level:</b>	<b>Last day of term:</b>
<b>I-20 Program <u>Start</u> Date:</b> _____ <b>Visa Expiration Date:</b> _____ <b>I-20 Program <u>End</u> Date:</b> _____	
<b>Which terms are you requesting for vacation?</b> <input type="checkbox"/> Fall A <input type="checkbox"/> Fall B <input type="checkbox"/> Spring A <input type="checkbox"/> Spring B <b>Will you travel outside the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Will you be in the U.S for ant time during your vacation term?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, have you purchased insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>I verify that all the above information is correct. I have completed a minimum of 4 terms at CPELI and am in good standing academically and with the Department of Homeland Security. I understand that if I will be in the US during any part of the vacation quarter, I will need to purchase insurance. I agree to resume/return for study after the completion of my vacation term. I understand that this is a request for a vacation and final approval is up to the discretion of CPEL.</i></p>	
<b>Signature:</b> _____ <b>Today's Date:</b> _____	

<b><u>For Office Use Only</u></b>	
<b>Here for 4 consecutive terms?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Purchases insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vacations approved?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SEVIC registration Updated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DSO Signature:</b> _____	<b>Date Completed:</b> / /
<b>Note:</b>	