



American Language Program

25800 Carlos Bee Boulevard, Hayward, CA 94542

Phone 510.885.2358 Fax 510.885.2040 www.csu-eastbay.edu

ANNUAL VACATION TERM – ELIGIBILITY FORM

International Students in F-1 Status

Name: _____
Last Name, First Name

Net ID: _____

Address: _____
Street and Apartment Number

City

State

Zip

Telephone No: _____ SEVIS Number: _____

(Submit this form at least two weeks before the end date of current term)

I will take my annual vacation term during (circle one)

Spring 1 Spring 2 Summer Fall 1 Fall 2 Year _____

I intend to return to a full course of study (circle one - must be next possible term):

Spring 1 Spring 2 Summer Fall 1 Fall 2 Year _____

Last day to register and pay tuition for next term _____

Failure to return on time will put your F-1 visa status in jeopardy. It is your responsibility to keep your I-20 valid.

Student's Signature _____ Date _____

THE CALIFORNIA STATE UNIVERSITY

Bakersfield Channel Islands Chico Dominguez Hills East Bay Fresno Fullerton Humboldt Long Beach Los Angeles Maritime Academy
Monterey Bay Northridge Pomona Sacramento San Bernardino San Diego San Francisco San Jose San Luis Obispo San Marcos Sonoma Stanislaus