



LANGUAGE AND CULTURE INSTITUTE

REQUEST FOR APPROVED VACATION/LEAVE

I am requesting an approved vacation. Term requested: _____

- I have attended four consecutive terms or nine consecutive months at the Language and Culture Institute.

Are you planning on traveling outside the U.S.? Yes No

- If yes, you must get your I-20 signed before you leave.

Expiration date of your I-20: _____

I am requesting medical leave. Term requested: _____

- A U.S. doctor's authorization is required.

First name: _____ Last name: _____

Date of birth: _____ Virginia Tech ID #: _____

Email address: _____

Signature: _____ Date: _____

For Office Use Only

Checklist for approved vacation:

Verification of payment for current term

Approved: _____ Date: _____

Assistant director for student services