

International Programs

Transcript verified

Vacation Quarter Request

ENRLMT CHKLST .

DATABASE

Last (Family) Name	First (Given) Name	Student ID#	Date of Birth (MM/DD/YY)
Vacation quarter requested:	Fall Winter	Spring Su	mmer 20
Most recent vacation quarter: Fall Winter Spring Summer 20 none (at WCC or at another US school)			
Planned number of credits during your vacation quarter:			
Will you remain in the US during your vacation? 🗌 Yes 📗 No			
If no, what dates will you depart and return?			
Students taking a vacation vacation quarter if they would be without health the quarter that the student travel and the days prior By signing below I ackno	tinue my Lewer health insurance dded to my student account, and	ntinue or not continue Lewer Please note: a student who e day the vacation quarter b udent would be without insu	"opts out" of Lewer egins until the first day of urance during return The insurance r vacation quarter.
I choose <u>not</u> to continue my Lewer health insurance during my vacation quarter. I understand that I will not have health/accident insurance until the first day of classes of my return quarter.			
Current Housing:	or Frankling		
Homestay Host Family Name:			
WCC Residence Life Apartment address/number:			
☐ Other			
Will you live at the same address when you return?			
Please refer to your Vacation (Thecklist for the requirements for	r moving out of a WCC Hom	estay or Residence Life Apartment
Vho is your Advisor?	th Robinson 🔲 Ellen Harris	S Ulli Schraml	
Student's Signature: (If submitting electronically, your typ	ed name will serve as a signature)	ı	Date:
Advisor's Notes: Advisor's Signature	e: Dat	re:	