UD Graduate School of Management
VACATION REQUEST FORM – GSM STUDENTS ONLY

A vacation is a term during which you are not enrolled at all or are enrolled part-time for less than nine credit hours. During a vacation you may remain in the U.S. or travel outside the country.

GSM students are required to request permission to take a term as a vacation or to enroll for less than nine credit hours. EXCEPTION: You can enroll in less than 9 credit hours during your final term without requesting permission WHEN YOU ARE TAKING YOUR CAPSTONE/THESIS CLASS.

If you are an F-1 or J-1 student, you are eligible for a vacation term if you have been enrolled full-time (9 credit hours) during the immediately preceding two trimesters. You are considered to be maintaining status during a vacation if you are returning to full-time enrollment the following trimester. (The only exception is if you are returning for your last trimester and have only your capstone/thesis class remaining.)

Complete the following information and give the form to the Advisor:

Name and ID #:_____ _____
Last First Middle ID #

Address & Phone #_____ _____
Street City State Zip Phone #

School Term for which Vacation is requested:_____
Please indicate your first term at UD:_____
Expected date of graduation:_____
Have you been enrolled full-time (9 credit hours) the preceding 2 terms? Yes No
If your answer is no, please explain.

_____

Choose and complete ONE of the following boxes.

____ I will be enrolled in a least one course during the vacation term.
____ I will not be enrolled in any courses during this vacation term. ____ I wish to continue my health insurance during this vacation term. ____ I do <u>not</u> wish to continue my health insurance during this vacation term. I understand that any medical condition that I presently have or which has been treated in the past will be considered to be pre-existing when I return, and therefore will not be covered by the policy. EXCEPTION: Students working for the university during a vacation term are required to continue their health insurance.

Student's Signature:_____

****

Office Use only:
Date Received:_____ **Student Eligible?**_____
Vacation Approved by DSO:_____