



# SOUTH BAYLO UNIVERSITY

1126 N. Brookhurst Street, Anaheim, CA 92801 TEL: 714-533-1495 FAX: 714-533-6040 WEB: [www.southbaylo.edu](http://www.southbaylo.edu)

## ANNUAL VACATION REQUEST FORM

AVR-B

### **International Student Only**

Students are allowed to take one (1) quarter off after completing three (3) consecutive quarters. Vacation request must not exceed one (1) quarter period per academic year. Students may not request for vacation on the last quarter of the degree program completion.

I, \_\_\_\_\_, ID # \_\_\_\_\_, a student of South Baylo University,  
hereby request vacation time for \_\_\_\_\_ quarter of \_\_\_\_\_(year) beginning on  
\_\_\_\_\_ to \_\_\_\_\_. I plan to return and continue with full course of study on  
\_\_\_\_\_ quarter of \_\_\_\_\_(year).

I understand that if I do not return to South Baylo University (SBU) after the approval vacation date, my status with SBU will be changed to Withdrawal status.

\_\_\_\_\_  
*Initial*

**I hereby read and understood all the rules and regulations pertaining to Vacation Request.**

\_\_\_\_\_  
*STUDENT'S SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*ACADEMIC DEAN'S SIGNATURE*

\_\_\_\_\_  
*DATE*