



AMERICAN ONE ENGLISH SCHOOLS INC
Admissions Office
1918 West 4100 South Suite #200
West Valley City, Utah - 84119 -
USA www.americanone-esl.com
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Email: admission@americanone-esl.com

Vacation or Permission Request

Students who do not comply with the policies under vacation request with a minimum attendance of 80% and academic grade of 80% for the last two consecutive whole semesters will not be eligible for vacation request. Approval must be signed by the President of the school or DSO. Students who request permission under emergency or health problems must give a brief description of the situation. To be valid, it will need to be signed by the President of the school or DSO. The student will receive a copy of the vacation approval, excuse or permission, and the original will be kept in the students files for immigration supervision along with its proves (medical notes or others).

(Vacation request is granted for 4 months only, and transfers will be required to bring proof of previous programs attended)

Last Name (s): _____ First Name: _____ Middle name: _____
SEVIS Number: _____
Current level: _____ Number of consecutive semesters attended: _____
Current program start date: _____ Current program end date: _____
(mm/dd/yyyy) (mm/dd/yyyy)
Requested vacation or permission date: _____ Intended vacation or permission return date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Attendance Report:

Current final attendance report % _____ and letter grade _____
Previous semester final attendance report % _____ and letter grade _____

Grades Report:

Current academic final grade report % _____ and letter grade _____
Previous semester academic final grade report % _____ and letter grade _____

Remember if you do not have at least 80% in academics and attendance report. You will not be eligible for vacation.

Brief description of the situation: _____

I certify and understand American One English Schools' policies and agreements, and I know that this document is accurate and true. And I also sign this request accepting my responsibilities and obligations to the best of my abilities.

Student's names: _____ Date: _____ Signature: _____
President or DSO names _____ Date: _____ Signature: _____

Approved: Yes _____ No _____ (If not give reason)

Reason: _____
