

Please use this form if you are signing up for a period of vacation

VACATION REGISTRATION FORM

NAME: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

Indicate the period(s) for which you intend to take vacation:

Academic Period	2007-08	Summer 2008	2008-09	Summer 2009

Quarter	Full	1st Half	2nd Half	1st Third	3rd Third
1st					
2nd					
3rd					
4th					
Summer (circle one)	1st Per:		2nd Per:		3rd Per:

If the dates of your vacation period do not coincide with regular academic schedule, list exact dates of vacation:

\_\_\_\_\_

Phone number where you can be reached during the period of vacation:

\_\_\_\_\_

If you want your mail forwarded during this period, please provide the address and effective dates:

\_\_\_\_\_

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

**RETURN TO:**

**THE OFFICE OF THE REGISTRAR**

**733 North Broadway, BRB Suite 147 Baltimore, MD 21205**

**FAX : 410-955-0826**

**Questions? Contact Dawn Timmons 410-614-4886 or timmons@jhmi.edu**

Revised: 10/4/07

dt-c:\data\forms\vacation\vacationform web revised 011207.doc