

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	2010-11	Summer 2011	2011-12	Summer 2012

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: 12/10

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