

Request for Reduced Enrollment Form

Print this form. Complete Section A and then have your Academic Adviser complete Section B summarizing the reason for reduced number of credits.

Section A

Today's Date: _____ Student ID: _____
Last Name: _____ First Name: _____
Date of Birth: _____ Phone #: _____ E-mail Address: _____
Local Address: _____
Status (check one): B.S./B.A. Masters Doctorate
Department/Major: _____ Credits Accumulated to date: _____
Anticipated completion date: _____ I-20/DS-2019 Expiration date: _____

I am aware that I am required by immigration law to enroll full-time. I am requesting to enroll for less than full-time this term. However, I agree to enroll full-time for the next academic term.

Student's signature: _____ Date: _____

Section B (to be completed by Academic Adviser)

In general, permission to register for less than full-time should occur rarely in a student's career. By immigration law, the international student should be full-time during each term. If the student's activity requires less than full-time registration, this form is to be endorsed by the academic adviser and forwarded to the Office for International Students & Scholars.

Term requested: _____ Intended # of credits of registration: _____

- The student is having difficulty with English language.
 The student is having difficulty with reading requirements.
 The student is unfamiliar with American teaching methods.
 The student needs less than a full course load to finish the degree program this term.
 The student has a medical reason for needing to be registered less than full-time. (Attach proof)
 Improper course level placement.

I endorse and recommend a reduced registration for the academic term requested for this student as indicated. This request for permission to register for less than full time is based on the above reason.

Academic Adviser

Print Name: _____ Department: _____
Signature: _____ Date: _____

Section C (to be completed by Office for International Students & Scholars Adviser)

Approved by OISS Adviser: _____
Signature: _____ Date: _____