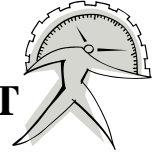


## Undergraduate Students

### REQUEST FOR LESS THAN FULL-TIME ENROLLMENT



This request must be approved by ISS prior to withdrawing from course(s) or prior to the semester in which you plan to be less than full-time. A reduced course load must still equal 6 hours unless it is the last term of study.

**A: To be completed by Student.**

Name (Please Print) \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

(List all e-mail addresses)

Completion Date on Current I-20: \_\_\_\_\_

**B: To be completed by Academic Advisor or Program Coordinator.**

Permission to register for less than full-time enrollment should occur rarely in a student's career. Immigration law requires an F-1 international student to be full-time during each fall and spring semester. Full time enrollment for an undergraduate is 12 credit hours. A student must be full-time during the summer only if it is the student's first semester. Under certain conditions, including language/cultural adjustment problems upon arrival, a medical problem, or final term it may be possible to drop below fulltime enrollment.

**PLEASE MARK THE APPROPRIATE BOX (Mark only one box)**

- The new student is having difficulty with English language or reading requirements.
- The new student is unfamiliar with American teaching methods.
- The new student is unfamiliar with American culture and is having difficulty with adjustment.
- The student has been placed in the improper course level.
- The student has a medical reason for needing to be registered less than full time (attach doctor's letter).
- The student is enrolled less than full time in the final term. (**Important** – If this box is checked the student must graduate at the end of the term in which the student is less than full time.)

I endorse and recommend less than full-time registration for this student for the \_\_\_\_\_ semester, year \_\_\_\_\_.

Academic Advisor/Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SIUC Mail code: \_\_\_\_\_

This request must be approved by ISS prior to withdrawing from course(s) or prior to the semester in which the student plans to be less than full-time.

**C: To be completed by the International Student Adviser.**

Approved by International Student Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

For the \_\_\_\_\_ semester, year \_\_\_\_\_