



OFFICE OF
INTERNATIONAL PROGRAMS

INTERNATIONAL STUDENT
& SCHOLAR SERVICES

PART-TIME ENROLLMENT REQUEST FORM FOR J-1 STUDENTS

U.S. immigration regulations mandate that students in J-1 immigration status maintain a full course of study for the entirety of the academic program. A full course of study is defined as registration for a minimum of 12 credit hours for undergraduates and 9 credit hours for graduate students. Graduate students registered for Thesis Research (or a combination of credit hours and Thesis Research) also meet the full-course of study requirement.

On a case by case basis, using guidelines set forth by U.S. Citizenship & Immigration Services (USCIS), only an International Student Advisor (IS Advisor) may authorize an J-1 student to enroll in less than a full course of study. International students must obtain approval for a reduced course load before actually dropping below the minimum credit hour requirement. If you wish to receive permission to enroll in less than a full course of study, please complete the reverse side of this form (including required signature) and make an appointment to see your IS Advisor. You must submit this form along with a letter from your academic advisor, Dean, or medical practitioner in support of your request for part-time enrollment. After completing the form, please make an appointment to submit it to your IS Advisor in person. A student who registers for less than full-time and does not seek prior written approval from his/her IS Advisor will be out of legal immigration status and may lose the benefits of his/her student immigration status.

The situations described below are acceptable grounds for registering for less than the required course load. Please read this information carefully.

Bona fide Academic Reason

A student may be eligible for a reduced course load if s/he presents a letter from his/her academic Dean or advisor recommending part-time enrollment due to an academic reason.

Completing Program in the Current Term

In the final term of study, a student who needs fewer than 12 credits (undergraduate students) or 9 credits (graduate students) to advance, may be considered to be maintaining status if s/he enrolls in all courses necessary to complete the program of study. The student must submit a letter from the academic Dean or advisor to your IS Advisor stating that s/he is registered for all coursework needed to complete the degree in the current term.

Illness or Medical Condition

A student who is compelled by illness or other medical conditions to reduce a full course of study may be considered to be maintaining status during the illness or other medical condition. The student, however, must receive authorization from his/her IS Advisor each term. Please submit a letter from your physician.

PART ONE: STUDENT'S PERSONAL INFORMATION

Date: _____ Student ID Number: _____

Last Name: _____ First Name: _____

Local Address: _____

Telephone Number: _____ Email Address: _____

Degree Program: ___ Bachelors ___ Masters ___ Med ___ PhD ___ JD/LLM ___ Certificate ___ Non-degree

School: _____ Major Field of Study: _____ Completion Date: _____

PART TWO: JUSTIFICATION FOR REQUEST FOR PART-TIME ENROLLMENT

I wish to receive permission to enroll for less than a full course of study for the following reason (please check one):

 Bona fide Academic Reason

Required documentation: a letter from your academic advisor or Dean's Office, recommending that you drop below a full course of study due to a specific academic reason.

 Student Completing Program in the Current Term

Required documentation: a letter from your academic advisor or Dean's Office, stating that you are expected to complete all program requirements in the current term. This category may be used for master's degree students who are completing their required research papers, when the department does not offer a Thesis Research course.

 Illness or Medical Condition

Required documentation: a letter from your physician requiring or recommending a reduction in studies. The letter should clearly state the date on which, in the opinion of the doctor, a full course of study may be resumed.

PART THREE: SIGNATURE

I have read and understood the regulations summarized on the reverse of this page regarding my request to drop below full-time study.

Signature: _____ Date: _____

Printed Name: _____