



UNIVERSITY OF LAVERNE

International Student Services



FORM: REQUEST FOR LESS THAN FULL-TIME ENROLLMENT

Complete Section A and then have *academic advisor complete Section B* summarizing the reason for a reduced number of credits.

A. To be completed by student

FAMILY NAME _____ GIVEN NAME _____ STUDENT # _____

LOCAL ADDRESS _____ TELEPHONE # _____

E-MAIL ADDRESS _____ DEPARTMENT _____

DEGREE B.S/B.A ___ Master ___ Doctorate ___ CREDITS ACCUMULATED TO DATE _____

ANTICIPATED COMPLETION DATE _____ COMPLETION DATE ON CURRENT 1-20 _____

B. To be completed by Academic Advisor

In general, permission to register for less than full-time should occur rarely in a student's career. By immigration law the international student studying in a semester system should be full-time during each fall and spring semester. Students on a term or quarter system should talk to the international advisor. If the student's activity is equivalent to full-time but actually requires less than full-time registration (e.g., writing thesis), this form is to be endorsed by the academic adviser and forwarded to the International Student Adviser.

Semester/Term Requested _____ Year _____

Intended Number of Credits of Registration _____

Note: 1)Only during first semester or term of study; 2)Only during final semester or term; 3)Up to a maximum of one academic year;

- The student is having difficulty with English language or reading requirements¹
- The student is unfamiliar with American teaching methods.¹
- The student has been placed in the improper course level.¹
- The student needs less than a full course load to finish the degree program this semester²
- The student has completed formal course work and is preparing for a comprehensive exam.
- The student has completed formal course work and is engaged in thesis or dissertation research.
- The student has a medical reason for needing to be registered less than full time³ (attach medical excuse). Please attach the ISAC Memo/Form signed by a Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist

I endorse and recommend less than full-time registration for this student during the semester requested.

Academic Adviser (Print Name) _____

Signature _____ Date _____

C. To be completed by the Designated School Official

Approved: _____ Date _____