

Request for Exception to Full-Time Enrollment Requirement

Part I. To be completed by the student.

Name:

ID Number:

Major area of study:

Semester/Year of study:

Name of Academic Advisor:

Part II. To be completed by academic advisor or medical professional (if request for exemption is based on medical reasons).

After consultation with the student, I recommend that the student be allowed to drop below the full-time minimum credit load based on the following criteria (check one):

Confirmation of Academic Difficulty

The student is having academic difficulties. (Please check a reason.)

- He/she is having **initial difficulty understanding the English language.**
- He/she is having **difficulty with the reading requirement for a course or courses.**
- He/she is **unfamiliar with American teaching methods.**
- He/she wishes to drop a course that is at an **improper level** for him/her.

Confirmation of Final Semester Registration

The student expects to **graduate at the end of the semester** and needs less than the regular full-time credit load to complete his/her degree program. Upon successful completion of the student's current registration of _____ credits, the student will have fulfilled all degree requirements. **Explain in the comments if student has registered for all courses needed to complete the degree and if he/she only needs to fulfill requirements for incomplete courses.**

Comments (use reverse if necessary):

Signature:

Name/
Title:

Date:

Part III. To be completed by the student.

Academic Exemption: I understand that if approved, I cannot be approved again for another semester of reduced enrollment for any other academic difficulty. Only one reduction based on academic difficulty is allowed per level of degree study. I understand that I must complete one half of a full course load for the semester (undergraduate: 6 hours, graduate: 4 hours).

Graduation Exemption: I need less than the regular full-time credit load to complete my degree program. I have registered as a candidate for graduation according to my school procedures and have obtained confirmation of final semester registration from my advisor above. I understand that if I am approved and I fail to complete my degree requirements this semester, I cannot request another semester of reduced enrollment to complete graduation requirements. Only one reduction based on last semester of study is allowed per level of degree study.

Medical Exemption: I am compelled by illness or other medical condition to interrupt or reduce my course of study. I understand that if I am approved, I am limited to a total of 12 months of reduced enrollment for medical reasons.

Signature:

Date:

Part IV. To be completed by the Office of International Programs and Services.

Based on the evidence provided to me by the student, the application for reduced course load is:

Approved. Denied.

Comments:

Signature:

Title:

Date: