**Full-time Equivalency Form / Reduced Course Load**

**ACADEMIC ADVISER CERTIFICATION FOR INTERNATIONAL STUDENTS ENROLLED LESS THAN FULL-TIME**

*This form must be processed by the International Student Program Office before the student drops below full time status.*

Name of Student: _______________________________________________________________

(Family/Last name)      (Given/First name)

Degree Objective: ___________________________ Anticipated Graduation Date: ___________

This form covers the ____________________ semester of 20 ________________ (to graduation)

U.S. Immigration law requires international students to register for full time study during each fall and spring semester. Full time study is defined as twelve semester hours of registration for undergraduates.

Certain circumstances justify enrollment for fewer hours. Since you are in the best position to supply information about this student’s academic situation, we are asking you to indicate which of the following situations, if any, explains why the student is not currently registered full-time. Please check which applies. If you wish to add comments, please do so.

I recommend that this student be considered engaged in a full course of study because the student:

___ has completed required coursework and is working on thesis.
___ is in the final stages of the course of study and does not need to enroll full time to meet degree requirements.
___ is taking all available courses to meet graduation requirements.
___ is in the first academic year and is unfamiliar with American teaching methods.
___ has been advised to drop a course because of improper course level placement.
___ has a medical condition that makes registration for more courses inadvisable. (Document is required)

________________________________ ___________________ ________________

(Academic advisor’s name)      (Academic advisor’s signature)

________________________________ ___________________ ________________

(Academic advisor’s e-mail address)     (Date)

Approved by International Student Advisor:

________________________________ ___________________ ________________

Name      Signature      Date

INTERNATIONAL STUDENT PROGRAM