Authorization for Less Than Full-Time Enrollment

How to complete this form:

Step 1: STUDENT: Fill out the top portion of the form.
Step 2: ACADEMIC ADVISOR: Fill out the bottom half of the form.
Step 3: STUDENT: Return the completed and signed form and any other required documentation to the CIE Main Office in Garland 138.

Note: This must be re-submitted each term.

STUDENT:

Last Name ____________________________  First Name _______________________
UWM Student Number: 99_____________________
Email address ___________________________________
Semester  Fall  Spring  Year _________

ACADEMIC ADVISOR:

All international Students with the visa status F-1 or J-1 are required by federal law (8CFR) to be enrolled full time. (Undergraduates 12 credits, Graduate Students 8 credits) This form is used to verify that the student named above qualifies for one of the exceptions to full-time as designated by the USCIS (United States Citizenship and Immigration Service) Check the one that applies to this student:

☐ The student has an illness or medical condition that requires a smaller class load. This situation also requires an official letter from a medical practitioner documenting the situation and recommending a smaller course load.

☐ The student is having initial difficulty with the English Language, is unfamiliar with American teaching methods, or was placed at an improper course level. This only applies to the student’s first semester in the U.S.

☐ The student will complete his/her degree at the end of the semester and ________ credit hours are required for graduation. This is an acceptable reason for less than full time enrollment for 1 semester only. Zero credit hours are not permitted nor only enrolled in course title “Candidate for Degree”. Student should remember to apply for Optional Practical Training prior to program completion.

☐ The student will complete all coursework required during this semester before beginning thesis only required/dissertation hours in the following semester. (Ensure the student applies for thesis-only or dissertator status.)

__________________________________________  ______  ________________________________
Academic Advisor’s Signature  Date  Academic Advisor’s Name & Extension