WORLD: International Learning

386.822.8165 (Office) – 386.822.8167 (Fax) – 635 Bert Fish Drive – www.stetson.edu/other/world



Undergraduate Student Full Time Enrollment Exemption Request

To maintain F-1 and J-1 student status, international students must be enrolled in a full course of study each fall and spring semester (summer enrollment is optional if it is not your first semester). For

undergraduates full-time enrollment is considered to be 12 credits. There are only certain reasons which U.S. Immigration will accept for enrolling less than full-time. The acceptable reasons are listed below. For any semester in which you are enrolled less than full-time, please complete the following form and have your faculty academic advisor sign the bottom section, if the advisor feels that you have a valid Immigration reason. Please note that immigration regulations do not consider financial difficulties a valid reason for enrolling less than full time.

Bring the completed form to WORLD for approval. All withdrawals must be processed by the student according to university procedures through the Registrar's Office. Do not drop your class until you have received approval from WORLD. You will be issued a new I-20 that authorizes you to be enrolled less than full time for the given semester.

		В	iographica	al Data: (To be coi	npleted by	the St	tudent)		
Family Name:			First and Middle Name:				Birth Date:		
Email:	SU Studen			Student ID:					
Current Degree Level: Curre			ent Major: Exp			xpecte	ected Degree Completion Date:		
Re	eason for E	kempti	on from fu	ull time enrollmer	it: (To be c	omplet	ted by Academic Advisor)		
Semester:	Fall 20 Spring 20 Summer 20 Reasons (Allowed only ONCE per degree level. Must maintain at least 6 credit hours.)								
Unfamiliarity with Ar	merican tea vel Placeme	ching r ent: (Ad	nethods. (<i>)</i> Ivisor musi	Allowed in 1 st sem	ester only)		nts. (Allowed in 1 st semester only) course is not a reason in itself to drop a course).		
psychologist. In	l document nmigration te credit ho g ALL degre	ation s will no ours rec e requi	igned by y <i>it accept le</i> commende rements th	our licensed medi etters signed by nu ed for the current	cal doctor, arses, nurse	license	it necessary.) ed doctor of osteopathy, or licensed clinical oners, or physician's assistants.		
(Bu signing this	form you	are rec	ommondin	Academic Advis			an avamption from full time aprollment)		
<i>(By signing this form, you are recommending that the student be approved for an exemption</i> Name and Title:							Email:		
Approval Signature:							Date:		
International Advisor Approval Signature:							Date:		
I have fully completed the above information and understand the regulations regarding this process: If I have any questions, I will consult with WORLD staff.									
Student Signature:							Date:		
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