



## LESS THAN FULL-TIME ENROLLMENT REQUEST FORM

### ➔To be completed by the student -----

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ SEVIS #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

La Verne Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

### ➔To be completed by the student's 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 system should talk to an international student advisor. This is also required if the student's activity is equivalent to full-time but actually requires less than full-time registration (i.e. writing thesis). This form is to be endorsed by the academic advisor and returned to the Office of International Student Services.

**Semester/Term Requested:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Intended number of credits of registration: \_\_\_\_\_

#### **The student is engaged in the following academic program:**

Degree: ☐ Bachelors ☐ Masters ☐ Doctorate Major: \_\_\_\_\_

Number of credits required for degree: \_\_\_\_\_ Credits accumulated to date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_ Completion Date on Current I-20: \_\_\_\_\_

#### **I endorse and recommend less than full-time registration for this student during the term/semester requested for the following reason:**

- ☐ The student is having difficulty with English language or reading requirements during the first term/semester.
- ☐ The student is unfamiliar with American teaching methods during the first term/semester.
- ☐ The student has been placed in the improper course level.
- ☐ The student needs less than a full course load to finish the degree program this term/semester.
- ☐ 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.

Academic Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

### ➔To be completed by the International Student Advisor -----

International Student Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Office of International Student Services**

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