## University of La Verne

## LESS THAN FULL-TIME ENROLLMENT REQUEST FORM

Completed by the stu	udent	
Family Name:		First Name:
Student ID:	SEVIS Number: _	Phone:
Current Address:		
		Personal Email:
Completed by the stu	udent's Academic Advi	sor
the international student st Students on a term system equivalent to full-time but	udying in a semester system should talk to an internation actually requires less than ful	should occur rarely in a student's career. By immigration law, should be full-time during each fall and spring semester. It student advisor. This is also required if the student's activity -time registration (i.e. writing thesis). This form is to be Office of International Student Services.
Semester/Term Reque	sted:	Year:
Intended number of cre	dits of registration:	
The student is engaged	d in the following acader	f about alternative health plans.  nic program:  jor:
Number of credits requi	red for degree:	Credits accumulated to date:
Anticipated Completion	Date:	_ Completion Date on Current I-20:
l endorse and recomm	end less than full-time re	gistration for this student during the term/semester
requested for the follo	wing reason:	
<ul> <li>The student is unfamilia</li> <li>The student has been p</li> <li>The student needs less</li> <li>The student has complete</li> </ul>	r with American teaching me laced in the improper course than a full course load to finis eted formal course work and	e or reading requirements during the first term/semester. thods during the first term/semester. level. h the degree program this term/semester. s preparing for a comprehensive exam. s engaged in thesis or dissertation research.
Academic Advisor:		Signature:
Email		Data