

EXCEPTION TO FULL-TIME COURSE LOAD REQUIREMENT

TO BE COMPLETED BY STUDENT:

NAME: _____ PFW ID#: _____

DEGREE/MAJOR: _____ I-20 EXPIRATION: _____ EXPECTED GRAD DATE: _____

MINIMUM REQUIRED COURSE LOAD PER SEMESTER FOR INTERNATIONAL STUDENTS AS REQUIRED BY THE US DEPARTMENT OF HOMELAND SECURITY:

Bachelor's - 12 credit hours ◦ Master's - 8 credit hours (no assistantship) ◦ Master's - 6 credit hours (with assistantship)

I hereby petition to have a total of _____ credits accepted as the equivalent to a full course of study.

OR

I hereby petition to drop _____ credit hours, leaving a total of _____.

I am aware that insufficient funds are NOT considered a valid reason to carry less than a full course of study. I am requesting approval of this exception based on the following circumstances (attach additional documentation, if necessary):

SIGNATURE OF STUDENT: _____ **DATE:** _____

TO BE COMPLETED BY:

ACADEMIC/FACULTY ADVISOR, THESIS ADVISOR, or GRADUATE PROGRAM COORDINATOR:

I certify that the circumstances described by the above-named student are correct. I recommend that he/she be exempt from the full course of study requirement for _____ semester, 20____, and continues to make normal progress toward his/her degree. Justification is indicated below:

- The student has been advised to carry fewer credits due to English proficiency difficulties.
- The student is unfamiliar with American teaching methods or reading requirements.
- Improper course level placement. (Attach explanation)
- The student is registered for required/recommended off campus internship credit (additional CPT authorization form required)
- The student has been approved for a graduate teaching, graduate research, or graduate administrative assistantship (Attach documentation)
- The student has a documented medical condition necessitating fewer hours. (Attach documentation)
- The student will graduate at the end of the semester and needs only ____ hours to complete degree requirements.
- Other: Please attach explanation and any pertinent documentation

APPROVED: (Please contact the Director of International Education directly if approval is not recommended)

Signature, Academic Advisor:	Department:	Date:
Signature, International Student Services	Date:	

Please return completed form to Office of International Education (OIE), Walb Student Union Rm. 145