



Request for Less Than Full-Time Enrollment Form

A. To be completed by student

- 1. DU Student/Banner ID #:
2. Visa Type:
3. Family (Last) Name:
4. Given (First) Name:

Please make sure your addresses, phone number, and e-mail address are current in MyWeb!
Read the instructions on how to update MyWeb on our website: http://www.du.edu/intl/iss/address.htm
5. Current U.S. phone number:
6. E-mail address:

- 7. Educational Level:
Freshman Sophomore Junior Senior Masters Doctorate LLM JD Certificate: what type?
8. Primary Major:
9. Secondary Major:
10. Date you started your current program at DU (mm/dd/yy):
11. Date you plan to complete your program at DU (mm/dd/yy):

B. To be completed by 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 should be full-time during each quarter/semester (excepting summer).

Dates requested (mm/dd/yy): to \*Limited to ONE QUARTER/SEMESTER ONLY

Intended Number of Credits of Enrollment

Allowed ONCE per program level; must be enrolled for at least half-time credits

- The student is having initial difficulty with English language.
The student is having initial difficulty with reading requirements.
The student is unfamiliar with American teaching methods.
The student has been placed in the improper course level.

Allowed ONCE per program level

- The student needs less than a full course load to finish the degree program this quarter/semester.

Allowed an aggregate of 12 MONTHS per program level

- The student has a medical reason for needing to be enrolled less than full time (attach medical documentation from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist). \*If student is dropping all courses for the term, student must complete medical stop-out or withdrawal with Academic Advising or Graduate Studies.

I endorse and recommend less than full-time enrollment for this student during the period above.

Advisor Signature: Printed Name: Date:

Department: Phone #: Email:

C. To be completed by the International Student Advisor at ISSS

Approved by International Student Advisor: Date

<u>ISSS Staff Initials &amp; Date</u>	<u>Notes (for official use only)</u>	<u>Pickup: Student Initials &amp; Date</u>
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UNIVERSITY OF  
**DENVER**

International Students and Scholar Services  
Office of Internationalization, University of Denver  
2200 S. Josephine St., Denver, CO 80208  
Phone (303) 871-4912 • Fax (303) 871-4910  
<http://www.du.edu/intl/iss/>

## DOCUMENT REQUEST FORM

### I. General Information

1. DU Student/Banner ID #: \_\_\_\_\_ 2. Visa Type: \_\_\_\_\_
3. Family (Last) Name in Passport: \_\_\_\_\_
4. Given (First) Name in Passport: \_\_\_\_\_
5. Middle Name in Passport: \_\_\_\_\_ 6. Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Gender:  Male  Female 8. City and Country of Birth: \_\_\_\_\_
9. Country of Citizenship: \_\_\_\_\_
10. Phone number: \_\_\_\_\_ 11. E-mail address: \_\_\_\_\_

### II. Academic Information

12. Educational Level:  
 Freshman  Sophomore  Junior  Senior  Masters  Doctorate  LLM  JD  Certificate: what type? \_\_\_\_\_
13. Primary Major: \_\_\_\_\_ 14. Secondary Major: \_\_\_\_\_
15. Minor: \_\_\_\_\_
16. Date you started your current program at DU (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
17. Date you plan to complete your program at DU (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

### III. PLEASE INDICATE DOCUMENT(S) NEEDED:

\*Refer to the ISSS website: <http://www.du.edu/intl/iss/forms.htm> for instructions and forms.

- Signature** on I-20 for travel: Date you plan to **return** to the US (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_
- \*Approval for **Less Than Full-Time Enrollment**
- Certification of **Enrollment**
- Certification for a **Social Security Number** (must provide nature of employment, hours/week, workplace, and supervisor name & email)
- Approval for **Concurrent Enrollment**  
Year: \_\_\_\_  Fall  Winter  Spring  Summer  
Name of other school: \_\_\_\_\_

#### MUST FILL OUT BACK SIDE FOR:

- New I-20 or DS-2019** (include funding documents)
- \***Curricular Practical Training (CPT)** Authorization
- \***Optional Practical Training (OPT)** Recommendation
- \*Other Off-Campus Work Authorization (Academic Training, Severe Economic Hardship, Int'l Org, SSR)
- Letter of **Invitation** (provide name(s), date of birth, relationship, passport numbers of visitors and reason)
- Certification of **Estimated Expenses**
- Other: \_\_\_\_\_

**If all supporting information is accurate, documents will normally be prepared in 5-7 working days. I understand that I must pick up the documents myself. I hereby authorize the release of any information necessary for this request.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_