



REQUEST FOR LESS THAN FULL-TIME ENROLLMENT FOR ACADEMIC REASONS

Section A: Student Information	
LAST (FAMILY) NAME in Passport:	FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.	
STUDENT SIGNATURE:	DATE:

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>.

SECTION B: To be completed by ACADEMIC ADVISOR	
In general, permission to register for less than full-time enrollment should occur rarely in a student's career. By immigration regulation, an F-1 or J-1 student MUST be full-time during each quarter/semester (except summer if student is returning for fall). A student may choose an alternate quarter for vacation if approved by ISSS. Less than full time enrollment may be approved for limited reasons.	
PLEASE INDICATE THE REASON THE STUDENT NEEDS AUTHORIZATION TO DROP BELOW A FULL COURSE LOAD:	
<u>ACADEMIC: Allowed ONCE per program level (must be enrolled for at least half-time credits)</u>	
<input type="checkbox"/> The student is having initial difficulty with English language. <input type="checkbox"/> The student is having initial difficulty with reading requirements. <input type="checkbox"/> The student is unfamiliar with American teaching methods. <input type="checkbox"/> The student has been placed in the improper course level.	
<u>FINAL TERM OF STUDY (must be enrolled for credits remaining to complete program)</u>	
<input type="checkbox"/> The student needs less than a full course load to finish the degree program this quarter/semester.	
Dates requested: ___/___/___ to ___/___/___ (LIMITED TO ONE TERM ONLY)	
Intended Number of Credits of Enrollment: _____	
<i>I recommend less than full-time enrollment for this student during the period above.</i>	
Academic Advisor Signature: _____	Date: _____
Printed Name: _____	Department: _____
Phone Number: _____	Email Address: _____

FOR OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
_____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	