



ELC Request for Less Than Full-Time Enrollment

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 ELC Program Officer

Immigration regulations allow F-1 and J-1 students to drop below a full-time course of study in very limited situations. For ELC students, the two acceptable reasons for less than full-time enrollment are **medical** and **final term of study**.

Medical requests: If you are dropping any or all courses for the term for medical reasons, you must attach medical documentation addressed to the University of Denver. The letter must be printed on the health care provider's letterhead and include the following:

- Health care provider's (licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist) recommendation that you reduce course load or withdraw from all courses due to your current medical condition.
- Duration of time, including a beginning and end date your health care provider advises a reduced course load or suspended study.

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 (excepting summer if student is returning for fall). A student may choose an alternate quarter for vacation if approved by ISSS.

Dates Requested: Start: ___/___/___ End: ___/___/___	Intended Number of Credits of Enrollment: _____ credits
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Please indicate the reason the student needs authorization to drop below a full course load:

- **MEDICAL: Allowed an aggregate of 12 MONTHS per program level**
 ___The student has a medical reason for needing to be enrolled less than full time.
- **FINAL TERM OF STUDY (must be enrolled for credits remaining to complete program)**
 ___The student needs less than a full course load to finish their program this quarter.

Prior to signing this recommendation, know that the information above is required to assure that the student's request for extension complies with Federal Regulations governing F-1 and J-1 immigration status. In signing this form, I understand that my recommendation will be used for that purpose.

ELC Staff Member Signature:	Date:
Printed Name:	Phone Number:

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 ___ / ___ / ___	