

**LESS THAN FULL-TIME ENROLLMENT FOR ACADEMIC REASONS**

Section A: Student Information		
DU ID:	LAST (FAMILY) NAME:	FIRST NAME:
<p>Please verify that you understand and accept the following items by initiating each item.</p> <p><input type="checkbox"/> <i>Less than full-time enrollment based on academic difficulty can be authorized only once per degree level.</i></p> <p><input type="checkbox"/> <i>I must enroll at least half-time (4 credits for grad students and 6 credits for undergrad students).</i></p> <p><input type="checkbox"/> <i>After receiving permission I must withdraw from the class(es) in person in the Office of Registrar with this form signed by an ISSS Advisor or with the I-20 authorizing permission to enroll for less than full-time credits.</i></p> <p><input type="checkbox"/> <i>I authorize the release of any information necessary and authorize any changes needed to complete my request.</i></p> <p><i>ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.</i></p>		
STUDENT SIGNATURE:		DATE:

SECTION B: To be completed by ACADEMIC ADVISOR	
<p>By Federal Immigration Regulation, an F-1 or J-1 student MUST be full-time during each quarter/semester except the vacation term. Less than full time enrollment may be approved for limited reasons below.</p>	
<p><b>PLEASE INDICATE THE MOST APPROPRIATE REASON THE STUDENT NEEDS AUTHORIZATION TO DROP BELOW A FULL COURSE LOAD:</b></p> <p><b>ACADEMIC: Allowed ONCE per degree level (must be enrolled for at least half-time credits)</b></p> <p><input type="checkbox"/> Is having initial difficulty with English language.      <input type="checkbox"/> Is having initial difficulty with reading requirements.</p> <p><input type="checkbox"/> Is unfamiliar with American teaching methods.      <input type="checkbox"/> Has been placed in the improper course level.</p> <p><b>FINAL TERM OF STUDY (must be enrolled for required credits remaining to complete program)</b></p> <p><input type="checkbox"/> The student needs less than a full course load to finish the degree program this quarter/semester.</p> <p><input type="checkbox"/> Fall    <input type="checkbox"/> Winter    <input type="checkbox"/> Spring    <input type="checkbox"/> Summer    Year: _____</p>	
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:

SECTION C: To be completed by ISSS ADVISOR	
<i>I approve the student's request to enroll for the number of credits above.</i>	
ISSS ADVISOR SIGNATURE:	DATE:
PRINTED NAME:	PHONE:

FOR ISSS 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 ____ / ____ / ____	