

International Student and Scholar Services

• 940-565-2195 (phone) • 940-565-4145 (fax) • MARQ 110 • <u>www.international.unt.edu/immigration</u>

Undergraduate Student Full Time Enrollment Exemption Request

To maintain F-1 and J-1 student status, international students must be enrolled in a full course of study each fall and spring semester (summer enrollment is optional if it is not your first semester). For undergraduates full-time enrollment is considered to be 12 credits.

There are only certain reasons which U.S. Immigration will accept for enrolling less than full-time. The acceptable reasons are listed below. For any semester in which you are enrolled less than full-time, please complete the following form and have your faculty academic advisor sign the bottom section, if the advisor feels that you have a valid Immigration reason. Please note that immigration regulations do not consider financial difficulties a valid reason for enrolling less than full time.

Bring the completed form to the International Student and Scholar Services office for approval. *All withdrawals must be processed by the student according to university procedures through the Registrar's Office*. **Do not drop your class until you have received approval from the International Student and Scholar Services office**. You will be issued a new I-20 that authorizes you to be enrolled less than full time for the given semester.

ven semester.						
	В	iographical Data: (To be completed	by the	Stu	dent)	
Family Name:		First and Middle Name:			Birth Date:	
Email:			ı	UNT	Student ID:	
Current Degree Level:	Curre	Expected Degree Completion Date:				
Will you be travelling outside the U.		nth/Day/Year Month/Day/Year				
Poscon for E	vomnti	on from full time enrollment: (To be	comp	Noto	d by Acador	mic Advisor)
Semester: Fall 20_		Spring 20			er 20	IIIC Advisor)
Unfamiliarity with American teach Improper Course Level Placemer Reason why this course is i Course(s) to be dropped: Course Num Type 2: Medical. (Maximum one-year Medical Condition. Submit medical document psychologist. Immigration	hing ment: (Adv mprope nber: ar aggre tation s will no ours red	Course Title: Course Title: egate allowed. Academic Advisor signing great by your licensed medical doctor accept letters signed by nurses, nurcommended for the current semested rements this semester.	niling a	not i	necessary.)	reason in itself to drop a course).
(Du cionina this form you a	ro roso	Academic Advisor Approx			avamentian:	from full time anyallment
Name and Title:	ie iecoi	mmending that the student be appro	veu jo	n un	Ema	-
Approval Signature:						Date:
International Advisor Approval Signature:						Date:
I have fully completed the above information and understand the regulations regarding this process: If I have any questions, I will consult with an ISSS Advisor						

Student Signature	Date: