

REQUEST FOR PERMISSION TO ENROLL PART-TIME

U.S. government regulations require F-1 students to enroll full-time every semester unless authorized in advance and in writing by a Marquette DSO to for a reduced course load (RCL) to enroll less than a full-time in a specific semester because their circumstances meet one of exceptions to the full-time study requirement outlined in the regulations. The list of exceptions can be found below in the "My Reasons for this Request" section. You must receive your RCL authorization in writing before the end of the add/drop period or before dropping below full-time if dropping a class(es) during a semester. RCL's may not be for zero credits/no classes unless they are for illness or medical reasons.

If you become a part-time student before you have permission from a Marquette DSO, you will lose your F-1 status, and the DSO will not be able to enter your permission in SEVIS. At Marquette, full-time is considered to be enrollment in at least 12 credits for undergraduates and at least 7 credits, or equivalent, for graduate students.

To request permission for part-time enrollment, please complete the following and return to OIE, with appropriate documentation:

Please Print

Family name _____ Given name _____

Date of birth _____ (MM/DD/YY) MUID _____

I am requesting permission to enroll only part-time in: Semester (fall or spring): _____ Year: _____

In that semester I plan to complete _____ number of credits. If your registration includes any Continuation courses please list the course name and number here: _____.

My reason(s) for this request is:

- A. Completion of studies at the end of the indicated semester (see below for required documentation)
- B. Illness or medical condition (see below for required documentation)
- C. Improper course level placement (see below for required documentation)
- D. Initial difficulties with English language (see below for required documentation)
- E. Unfamiliarity with American teaching methods (see below for required documentation)

Required Documentation:

If my reason is (a), I have included confirmation below from my academic advisor:

"I certify that I am the academic advisor for the student listed on this form and that their expected graduation date is _____.

Academic Advisor's Name _____ Academic Advisor's Signature _____ Date _____

If my reason is (b), I have attached current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate the illness or medical condition.

If my reason is (c), (d) or (e), I have attached documentation from my professor and/or academic advisor to support this request.

If my reason is (b), (c), (d) or (e) I understand that I must return to full-time enrollment in the next academic term of my required studies.

I understand that I may lose my F-1 status if I do not return to full-time enrollment or make other arrangements before the next term begins.

Signature: _____ Date: _____

Bring this form and required documentation to OIE. Do NOT withdraw from classes until you have received OIE approval for your reduced course load.

You are welcome to arrange an appointment with your OIE adviser to discuss your situation.

OIE Use Only:

A course load reduced to _____ credits is authorized for the _____ Semester 20_____ based on the reason indicated above by the following Designated School Official:

DSO: _____ Signature: _____ Date _____