

OFFICE OF  
**International Education**

**REQUEST FOR PERMISSION TO ENROLL ONLY PART-TIME**

**Please Return To OIE:**

Office of International Education  
Marquette University  
Holthusen Hall, 4th floor  
P.O. Box 1881  
Milwaukee, WI 53201  
Email: world@marquette.edu

U.S. government regulations require F-1 students to be full-time students every semester except in unusual situations that are listed in the regulations. (A copy of the regulations can be found on the OIE website.)

If your reason to be a part-time student is one of the acceptable government reasons, you must first receive permission for part-time enrollment from a Designated School Official (DSO) at the Office of International Education in writing and in advance before you become part-time.

If you become a part-time student before you have permission in SEVIS, 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.

My reasons for this request are:

- ☐ A. Completion of studies at the end of the indicated semester
- ☐ B. Health conditions (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 teaching methods (see below for required documentation)

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 \_\_\_\_\_