OFFICE OF

International Education

REQUEST FOR PERMISSION TO ENROLL PART-TIME

Please Return To OIE:

Office of International Education
Marquette University
Holthusen Hall, 4th floor
P.O. Box 1881 Milwaukee, WI 53201

Email: michael.groen@marquette.edu

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 permissio	n to enroll only part-time in: Semest	ter (fallor spring):	Year:	
In that semester I plan to	completenumber	of credits. If your registration	n includes any Continuation course	s please list the
course name and number	here:	·		
My reason(s) for this requ	uest is:			
□ A. C	ompletion of studies at the end of th	ne indicated semester (see be	low for required documentation)	
☐ B. III	lness or medical condition (see below f	or required documentation)		
	nproper course level placement (see be	•		
	nitial difficulties with English language			
∐E. U	nfamiliarity with American teaching mo	ethods (see below forrequired	documentation)	
Required Documentation	1:			
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, a licensed psychologist, or a licensed clinical psychologist, including a copy of the professional's licensure, 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.				

A course load reduced to_ the following Designated S	credits is authorized for the_ School Official:	Semester 20	based on the reas	on indicated above by
DSO:	Signat	ure:	D	ate