

Request to Under-Enroll (Less than Full-Time)

Section A: To be completed by the student:

Name as in Passport (Surname/Last, Given Name):	Student ID Number:	Date of Birth (mm/dd/year):
Email Address:	Level of Education: Bachelor's D Master's PhD Law Certificate	College: Liberal Arts/Social Sciences Engineering Science Urban Affairs Law School of Nursing Education/Health Services

Term: Fall 20__ Spring 20__ (Summer Term is NOT tracked)

International students must be enrolled each fall and spring semester on a full-time basis (12 credits for undergraduate students and 8 credits for graduate students). However, there are specific exceptions to this requirement that may allow international students to under-enroll in a given semester. Having no enrollment is a violation of F-1 and J-1 immigration regulations and will result in the termination of a student's SEVIS record and the cancellation of all immigration benefits, including CPT/OPT eligibility. If you meet one of the exceptions outlined below, please complete this form and attach any additional documentation as instructed. YOU MUST SUBMIT THIS FORM DIRECTLY TO THE CISP <u>PRIOR TO REGISTRATION</u> in order to comply with immigration regulations. If you have further questions about registration requirements or this memo, please send an email message to: intlcenter@csuohio.edu.

Section B: Check the situation that applies to you.

□ I have completed all coursework for my program of study and I am currently in the thesis or dissertation phase. I understand that I must be enrolled for at least 1 credit hour during this semester. My academic advisor confirms this fact with his/her signature below:

Advisor's Signature

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Print Advisor's Name

Campus Phone#

It is the last semester of my program of study. I understand that I must be enrolled for at least 1 credit hour during this semester. My academic advisor confirms this fact with his/her signature below:

Advisor's Signature

Print Advisor's Name

Campus Phone#

□ I am seriously ill and for medical reasons I cannot attend school full-time. I have attached a letter on my physician's stationary in which he/she states that I cannot attend school this semester for medical reasons (medical doctor, doctor of osteopathy, or licensed clinical psychologist only).

I have delivered a baby or I will deliver a baby during this semester and I have attached a letter on my physician's stationary in which he/she states that I have delivered a baby or I will deliver a baby during this semester and cannot attend school full-time.

I am leaving the United States and I will return within the allowed 5-month absence and resume my academic program. A copy of my plane ticket or itinerary is attached.