

After obtaining the required signatures from your academic advisor or medical provider, this form must be completed and your exception will need to be approved by an OISS Advisor before you drop below full-time. Please contact OISS office (651) 962-6650 to make an appointment.

EXCEPTION FROM THE FULL COURSE OF STUDY REQUIREMENT DURING FALL AND SPRING SEMESTERS

U.S. Immigration Department requires all international students on F-1 and J-1 visas to enroll as full-time during the Fall and Spring academic semesters. Summer sessions and January term are optional. The full-time requirements are as follows for Fall and Spring semesters:

- Undergraduates students (degree and non-degree): must register for a minimum of 12 credits
- Graduate students (degree and non-degree): must register for a minimum of 6 credits

EXCEPTION FROM THE FULL COURSE OF STUDY REQUIREMENT WITH A SUMMER SESSION START DATE

Students in F-1 or J-1 status who are *beginning* their program and have an I-20/DS-2019 *start date that begins during the Summer session* will need to be registered as full-time during the Summer session. The full-time requirements are as follows for a Summer session start date:

- Graduate students (degree and non-degree): must register for a minimum of 3 credits
- Undergraduate students (degree and non-degree): must register for a minimum of 6 credits

Please complete this Exception Form if you plan to register for less than the minimum number of required credits or if you want to withdraw or cancel credits bringing your total number of credits below the minimum amount. You must complete this form and receive **PRIOR APPROVAL** from an OISS Advisor **before** you drop below full-time. Incomplete grades do not require completion of this form but you must be registered for the full number of credits for the following semester and you must complete your incomplete course. Incomplete courses are not counted as credits for any future semesters that you are registered for.

Last Name:	First Name:	Student ID:
Country of Passport:	Passport expire date:	Birth Date:
Visa type:	Undergraduate _____ Graduate _____	US Street Address:
City:	State, and Zip code:	Home phone:
Email:	Semester and Year requested:	Total number of credit hours enrolled in semester requested:

I request a reduced course load for the above-mentioned semester for the following reason (Complete this form within 30 days of the beginning of the semester, unless the reduction occurs later in the semester):

ACADEMIC (Requires the approval and signature of your academic advisor)

____ Registered less than full-time due to academic difficulty. Indicate the reason from the list below. (Note: Immigration Regulations limit exceptions to the following list). This exception is allowed only once during a degree program. **This student must still carry 50% of the required full- time course requirements.**

- ____ a. Initial Difficulty with English Language
- ____ b. Initial Difficulty with Reading Requirements
- ____ c. Unfamiliarity with American Teaching Methods
- ____ d. Improper Course Level Placement
- ____ e. To Complete Course of Study in Current Term (only allowed once during the last semester of study)

Illness or Medical Condition (Requires letter from licensed medical doctor or licensed psychologist)

____ Unable to be registered as a full-time student due to medical reasons. This needs to be accompanied by a letter from your licensed medical doctor or licensed clinical psychologist recommending less than full-time study due to a medical condition. This letter must pertain only to the student and not to a child or spouse. This exception may not exceed an aggregated period of more than 12 months during a degree program.

*** Please note that failure to register for at least one course will result in termination of UST health insurance, you must discuss your health insurance options with an OISS Advisor.**

TO BE COMPLETED BY THE ACADEMIC ADVISOR :

As the Academic Advisor for this student, I am aware of the circumstances described above, I have reviewed the educational implications of this request, I have written an accompanying note where appropriate explaining the situation and I agree with the reason checked by the student for this exception.

Academic Advisor Name: _____

Academic Department: _____ Phone #: _____

Academic Advisor Signature: _____ Date: _____

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

As the International Student Advisor I am aware of the circumstances described above and approve this exception from a full course of study.

International Student Advisor Name: _____

Approved Semester Exception: _____

International Student Advisor Signature: _____ Date: _____