



PART-TIME ENROLLMENT AUTHORIZATION FOR F-1 STUDENTS

Updated July 2011

To be completed by Student:

Name: _____ Student ID # _____
FAMILY/LAST NAME Given/First Name

Medical Condition: If you are seeking authorization to drop below full-time because of a medical condition, you do not need to submit this form. Instead see the information sheet at <http://international.uiowa.edu/oiss/documents/Academic-Medical-Authorization.pdf>.

Long Distance Education/On-Line Classes: Only **one** on-line or distance education class can be counted **each semester** toward full-time equivalency. The class is considered "on-line" or "distance education" if it does not require the student's physical attendance in a classroom for classes, exams, or "other purposes integral to completion of the class." These include courses offered "principally through the use of television, audio, or computer transmission, including open broadcast, closed circuit, cable, microwave, satellite, audio conferencing, or computer conferencing."

I acknowledge that the information provided on this form is accurate and correct to the best of my knowledge. I understand that I am responsible for knowing the regulations pertaining to part-time enrollment, and am responsible for any problems caused by providing inaccurate information.

Student Signature: _____ Date: _____

To be completed by Academic Adviser: U.S. immigration law requires international students to register for full-time study during each fall and spring semester. Full-time study is defined as 12 semester hours of registration for undergraduates and 9 semester hours for graduate students. The U.S. Citizenship and Immigration Services accepts only certain circumstances to justify enrollment for fewer hours. Since you are in the best position to supply information about this student's academic situation, we are asking you to indicate which of the following situations, if any, explains why the student will not be registered full-time. Please check the item that applies. If you wish to add comments, please do so on a separate page.

Degree Objective and Major: _____ Anticipated Graduation Date: _____ / _____ / _____
month year

This form covers the (check one only) ☐ fall ☐ spring ☐ summer (only if first semester) semester of 20 _____

This form must be completed EACH fall/spring semester when part-time.

- ☐ is a degree-seeking F-1 student experiencing **academic difficulty**. This option may be used only ONCE per degree level and the student must still register for **6 semester hours**. Please check mark one box only below indicating the type of academic difficulty:
 - ☐ is in first year of study and is having initial difficulty with the English language
 - ☐ is in first year of study and is having initial difficulty with reading requirements
 - ☐ is in first year of study and is unfamiliar with American teaching methods
 - ☐ has been advised to drop a course because of improper course level/course too advanced for student
- ☐ is a degree-seeking F-1 undergraduate or Master's student in the **final semester** and will complete the course of study in the current semester. This option can be used only once per degree level. **IMPORTANT: I-20 end date will be shortened to reflect that student is completing the program.**
- ☐ has a **graduate assistantship** and is registered for at least **six hours**, which this department considers full-time enrollment
- ☐ is a graduate degree-seeking F-1 student who has completed/is currently completing all required coursework and is **preparing for a comprehensive examination**
- ☐ is a graduate degree-seeking F-1 student who has completed/is currently completing all required coursework and is making normal progress on **thesis/dissertation**
- ☐ is participating in a **full-time on-campus clinical program** in Dentistry
- ☐ is a degree-seeking F-1 student **concurrently enrolled** at the University of Iowa and _____ for _____ credits which will be transferred at the end of this semester, appearing on the student's transcript and meeting degree requirements. Failure to transfer the credit could cause student to lose his/her immigration status. Student must have been enrolled at the UI for a minimum of 1 semester before being eligible for this option and must still be registered for at least 6 s.h. of courses at the UI. **Please attach proof of enrollment from other institution.**
- ☐ is participating in the **TAPE** program or is enrolled in _____ number of classes in the **Iowa Intensive English Program**

Academic Adviser Signature _____

Date _____

Department _____

Academic Adviser Name (print) _____

Phone _____

Email _____

THIS SECTION TO BE COMPLETED BY OISS:

Approved by OISS: _____

Date: _____ / _____ / _____