

Office of International Programs
Canwyll House, Bryn Mawr College
Bryn Mawr, PA 19101-2899
Tel: 610-526-7390
Fax: 610-526-6551
E-mail: ojp@brynmawr.edu

REQUEST TO DROP BELOW FULL TIME/LEAVE OF ABSENCE REQUEST

According to immigration law, the international student must be taking a full-time course load each semester. The student is allowed two semesters to drop below full-time status: during any one semester of his/her academic career for an approved reason and for his/her last semester in the degree program. Failure to submit this form for approval to OIP prior to requesting for less than full time at the registrars office will render you out of status.

Section A-To Be Completed by the Student

Name: _____ Student ID# _____

Email Address: _____@brynmawr.edu Level (circle one): Bachelor's Master's Doctorate

Major: _____ Credits Accumulated: _____ Anticipated Graduation Date: _____

Student Signature: _____ Date _____

Section B-To be completed by the Student's Academic Advisor:

Semester which student is requesting less than full time: _____ Intended Number of Credits: _____

Please INITIAL one of the following reasons for the student's reduced enrollment (ADVISOR MUST INITIAL):

____ The student is enrolled for at least 3 units of study and is making normal progress to graduate by program end date. [8CFR 214.3]

____ The student has a medical reason to be registered less than full-time. [8CFR 214.2(f) (6)(iii)(B)]
(Must provide letter from physician w/ number & E-mail at which Doctor will be contacted)

____ The Student is in her last semester of the degree program AND needs less than a full course load to complete the degree program AND will graduate at the end of this term. [8CFR 214.2(f) (iii) (A)]

____ Academic Difficulties [8CFR 214.2(f) (6) (iii) (A) Can only be authorized for one semester at a particular program level:

__ Initial English Language difficulties

__ Improper course level placement (Required courses for the student's program are not available this semester and NO other courses are available to bring the student back to full-time status.
(Must attach letter from professor)

____ A graduate student who has completed coursework and is [8CFR 214.2(f)(6)(i)]

__ preparing for qualifying examinations

__ conducting dissertation research.

I endorse and recommend a reduced course load for the semester requested for this student as indicated. This request for permission to register for less than full-time is based on the reason checked above.

Dean's Signature: _____ Print Name: _____ Date: _____

Section C-To Be Completed by Office of International Programs.

OIP Official Signature _____ Print Name: _____ Date: _____

