REQUEST TO DROP BELOW FULL TIME/LEAVE OF ABSENCE

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 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 registrar’s 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: ___________________________ 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 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 preparing for qualifying examinations [8CFR 214.2(f)(6)(i)]
    ___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 Pensby Center.

PDSO/DSO Official Signature: ___________________________ Date: ___________________________

10/13