EXCEPTION TO FULL-TIME COURSE LOAD REQUIREMENT

TO BE COMPLETED BY STUDENT:

NAME: _________________________________________________ PFW ID#: ________________________________

DEGREE/MAJOR: ________________ I-20 EXPIRATION: ______________ EXPECTED GRAD DATE: ______________

MINIMUM REQUIRED COURSE LOAD PER SEMESTER FOR INTERNATIONAL STUDENTS AS REQUIRED BY
THE US DEPARTMENT OF HOMELAND SECURITY:

Bachelor’s - 12 credit hours ○ Master’s - 8 credit hours (no assistantship)○ Master’s - 6 credit hours (with assistantship)

☐ I hereby petition to have a total of _____ credits accepted as the equivalent to a full course of study.

OR

☐ I hereby petition to drop _____ credit hours, leaving a total of _____.

I am aware that insufficient funds are NOT considered a valid reason to carry less than a full course of study. I
am requesting approval of this exception based on the following circumstances (attach additional documentation, if
necessary):

__________________________________________________________________________________________________

SIGNATURE OF STUDENT: _________________________________________________ DATE: __________________

TO BE COMPLETED BY:

ACADEMIC/FACULTY ADVISOR, THESIS ADVISOR, or GRADUATE PROGRAM COORDINATOR:

I certify that the circumstances described by the above-named student are correct. I recommend that he/she be exempt
from the full course of study requirement for _________ semester, 20___, and continues to make normal progress toward
his/her degree. Justification is indicated below:

☐ The student has been advised to carry fewer credits due to English proficiency difficulties.

☐ The student is unfamiliar with American teaching methods or reading requirements.

☐ Improper course level placement. (Attach explanation)

☐ The student is registered for required/recommended off campus internship credit (additional CPT authorization form required)

☐ The student has been approved for a graduate teaching, graduate research, or graduate administrative
assistantship (Attach documentation)

☐ The student has a documented medical condition necessitating fewer hours. (Attach documentation)

☐ The student will graduate at the end of the semester and needs only ____ hours to complete degree requirements.

☐ Other: Please attach explanation and any pertinent documentation

APPROVED: (Please contact the Director of International Education directly if approval is not recommended)

Signature, Academic Advisor: __________________________ Department: __________________________ Date: ____________

Signature, International Student Services: __________________________ Date: __________________________

Please return completed form to Office of International Education (OIE), Walb Student Union Rm. 145

08/17/2018