

REQUEST FOR EXCEPTION FROM FULL-TIME ENROLLMENT

TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____

WIU ID #: _____

I am registering for _____ credit hours during the _____ semester of _____ (year) and request that my academic load be considered as full-time enrollment for immigration purposes for the following reason:

I will graduate this semester and I am taking the last remaining courses necessary to complete my degree requirements.

By signing/typing my name below, I understand the following:

- This may affect my student health insurance.
- This may affect my eligibility for student employment (must be enrolled 6 hours or more).
- I need to submit/have a degree plan on file with the School of Graduate Studies.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY THE STUDENT'S ACADEMIC ADVISOR

I certify that I have reviewed the above request, the student's academic file, and where applicable, a Degree Plan for this student. By signing/typing my name below, I approve the request.

Name: _____ Department: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE IMMIGRATION SPECIALIST

By signing /typing my name below, I approve this request and have given the student permission to be enrolled in less than full-time for immigration purposes.

Signature of Immigration Specialist: _____ Date: _____