

REQUEST FOR EXCEPTION FROM FULL-TIME ENROLLMENT

TO BE COMPLETED BY STUDENT

Last Name: _____ First Name: _____ WIU ID #: _____

Address: _____ Phone: _____

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:

The student is having academic difficulties due to initial difficulties with the English language; initial difficulties with reading requirements; unfamiliarity with American teaching methods, or improper course placement

Note: Student may use the above exemption ONCE during a level of study

The student has a medical problem and has been advised by a licensed physician to take a reduced course load. Student must have a statement from the physician detailing the diagnosis, treatment plan, and prognosis. Only a total of 12 months per academic level is permitted.

The student is concurrently enrolled at _____ and is registered for _____ semester hours at WIU and _____ semester hours at _____. Student must present proof of enrollment from the other school.

The student is a master's degree candidate who is engaged in full-time research for his/her thesis.

The student will graduate this semester and is taking the last remaining courses necessary to complete degree requirements.

I understand this may affect my student health insurance.

I understand this may affect my eligibility for student employment (must be enrolled 6 hours or more).

I understand that 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 for Exception from Full-Time Enrollment, the student's academic file, and where applicable, a Degree Plan for this student. I further certify that all information on this form is accurate in conformance with applicable Departmental, College and University policies, and is in the best interest of the student's successful academic progress. I, therefore, recommend that this student be permitted to take _____ credit hours during the _____ semester of _____ (year). This student needs to drop _____ (if applicable).

I do not recommend that the above request be granted.

Name: _____ Signature: _____ Date: _____

Department: _____ Phone: _____

Immigration Specialist's Signature: _____