FULL-TIME ENROLLMENT EXEMPTION FORM

**Purpose:** A reduced course load may be authorized in the student’s final semester if fewer courses are needed to complete the course of study.

**Instructions:** Submit this form to ISS at 915 N. Tyndall Avenue prior to the start of the final semester.

**A. To be completed by student:**

Name: __________________________, __________________________  
(Please print)  
Last                                             First  
E-mail: __________________________________  
Phone: ________________________________  

Are you a sponsored student? □ Yes □ No  
Are you a recipient of the UA Int’l. Student Scholarship? □ Yes □ No

Initial each statement to certify a basic understanding of the SEVIS authorization for reduced course load:

- I will only register for the required courses specified below by my Academic Advisor. ______
- I will enroll for in-person courses. Only one class or three credits of Web-based class can be combined with an in-person class to count toward enrollment. ______
- My I-20 or DS-2019 will be shortened to reflect my expected completion date (if applicable), as indicated below by my advisor. ______
- If I am failing a required course in my final semester, I must meet with an International Student Advisor prior to my program completion date to discuss potential immigration implications. ______

_____________________________________     ____________________  
Student Signature        Date

**B. To be completed by Academic Advisor:**

Degree program: □ Bachelor’s □ Master’s □ Doctorate

Student is expected to **complete** all degree requirements on: __________________________  
(Please indicate semester/year)

Courses needed to complete degree requirements:

<table>
<thead>
<tr>
<th>Course Title and Number</th>
<th>Class Start Date</th>
<th>Class End Date</th>
<th>Instructional Mode (online/in-person)</th>
<th>Credit Hrs</th>
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Comments:

________________________________________________________________________________________________________________________________________________________

____________________________________           _____________________________  
Academic Advisor (Print Name)        Signature

____________________________________  ______________________________  
College/Department        Date

**FOR OFFICE USE ONLY**

Date Received: ________  
By: ________  
Date Prepped: ________  
By: ________  
Date Completed: ________  
By: ________  
Date Emailed: ________  
By: ________

**Notes:**

*Updated 12/17/2015*