

## Center for International Student Services and Programs

### Authorization for Below Full Time Enrollment

Name: \_\_\_\_\_

Student I.D. \_\_\_\_\_

Date: \_\_\_\_\_

SEVIS # N \_\_\_\_\_

Term: Fall 20\_\_ Spring 20\_\_ (Summer term is NOT tracked)

International students must be enrolled in classes on a full time basis (12 credits for undergraduate students and 8 credits for graduate students). However, there are a few exceptions to this regulation.

If you meet one of the exceptions outlined below, please complete this form and attach any additional documentation as instructed. **SUBMIT THIS FORM TO OUR OFFICE PRIOR TO THE FIRST DAY OF CLASSES.**

If you have further questions about enrollment or this memo, please contact Monica Plunkett by email at [m.plunkett@csuohio.edu](mailto:m.plunkett@csuohio.edu) or Wendi Kramer at [w.l.kramer@csuohio.edu](mailto:w.l.kramer@csuohio.edu) or make an appointment by calling (216) 687-3910.

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#### Circle the situation that applies to you.

1. I have completed all coursework for my program of study and I am currently working on my thesis or dissertation. My academic advisor confirms this fact with his/her signature

\_\_\_\_\_  
*Advisor's Signature*                      *Print Advisor's Name*                      *Campus Phone#*

2. It is the last semester of my program of study. My academic advisor confirms this fact with his/her signature

\_\_\_\_\_  
*Advisor's Signature*                      *Print Advisor's Name*                      *Campus Phone #*

3. I am seriously ill and for medical reasons I cannot be in school full-time. I have attached a letter on my physician's stationary in which he/she states that I cannot be in school for this semester for medical reasons (medical doctor, doctor of osteopathy or licensed clinical psychologist only).

4. I have delivered a baby or I will deliver a baby during this semester and I have attached a letter on my physician's stationary in which he/she states that I have delivered a baby or I will deliver a baby during this semester.

5. Full time Curricular Practical Training has been approved for me for this semester.

6. I am leaving the country and I will return within the allowed 5 month absence. A copy of my plane ticket or Itinerary is attached.

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FAX 216-687-3965 or scan to [intadvisor@csuohio.edu](mailto:intadvisor@csuohio.edu)

#### For Office Use Only

FT \_\_\_\_

PT \_\_\_\_

OOC \_\_\_\_

Approved \_\_\_\_\_  
*DSO*