

DEVIATION FROM FULL COURSE OF STUDY REQUEST FORM

Based on federal statute {8C.F.R. 214.2 (f)(6)}, International students are required by U.S. immigration regulations to enroll in a full course of study during the academic year (Spring and Fall semesters). Full-time study is defined as **graduates (9 credit hours)** and **undergraduates (12 credit hours)**.

In limited circumstances, immigration regulations allow for a deviation from a full course of study. A student may request approval for a reduced course load by having the appropriate university personnel complete this form and then submitting it for review by an international advisor. Reduced course loads based on financial need OR to protect a GPA are NOT qualifying reasons. **Students must be enrolled in at least one credit hour every, even if they have completed their programs and are preparing for comprehensive exams or conducting research (See Section I.1.a.b.c. below).**

Student's Name: _____ PSU ID#: _____
 Department: _____ Degree Sought: _____
 Today's Date: _____ Anticipated Completion Date: _____

Have the appropriate person or office complete section I, II, or III: Complete only the one section that applies to your situation.

I. To Be Completed By Faculty Advisor:

I recommend that the student named above be allowed to take a reduced course load for the following semester:

Fall 20____ Spring 20____

For the reason cited below: After dropping courses, undergraduates must have six (6) hours and graduates must have five (5) hours.

1. Graduate student who has already finished program who is in one of the following situations:
 - a. preparing for comprehensive exams.
 - b. carrying out duties as teaching or research assistant that is required for degree.
 - c. conducting research on thesis or dissertation.
2. Improper course level placement (please provide explanation on back)
3. Initial difficulties with the English language (first semester only, please provide explanation on back)
4. Initial difficulties with reading requirements (first semester only, please provide explanation on back)
5. Unfamiliarity with American teaching methods (first semester only, please provide explanation on back)

Advisor Signature _____ Date _____

Name (typed/printed): _____ Dept: _____

Phone: _____ Email: _____

II. To Be Completed By Degree Checking or Graduate & Continuing Studies:

1. Final semester and enrolled in number of courses needed to complete course of study. Fall 20____ Spring 20____

Office Signature _____ Date _____

Name (typed/printed): _____ Dept: _____

Phone: _____ Email: _____

III. To Be Completed By A Medical Doctor: Fall 20____ Spring 20____

1. Illness or Medical Condition (ATTACH DESCRIPTION OF MEDICAL PROBLEM ON OFFICE LETTERHEAD.)

Doctor's Signature _____ Date _____

Name (typed/printed): _____ Phone: _____

Description of student's circumstances that recommend a reduced course load:

Review by International Programs & Services Office:

I have reviewed this student's request for deviation from a full course of study and approve the request.

Signature: _____ Date: _____

DSO Checklist:

_____: Deviation & Notes Entered in PSU Secure Shell

Initial: _____ Date: _____

_____: Deviation Entered in SEVIS

Initial: _____ Date: _____

I have reviewed this student's request for deviation from a full course of study and do NOT approve the request. Explanation below.

Signature: _____ Date: _____
