



PART-TIME ENROLLMENT AUTHORIZATION FOR F-1 AND J-1 STUDENTS

Updated March 2006

To be completed by Student:

Your Name: _____ Date of Birth: _____
FAMILY/LAST NAME Given/First Name

Your current immigration status: F-1 J-1 Student ID Number: _____

Medical Condition: If you are seeking authorization to drop below full-time because of a medical condition, you do not need to submit this form. Instead see the information sheet at http://intl-programs.uiowa.edu/oiss/documents_pdf/Medical_Authorization.

Long Distance Education/On-Line Classes: Only **one** on-line or distance education class can be counted **each semester** toward full-time equivalency. The class is considered “on-line” or “distance education” if it does not require the student’s physical attendance in a classroom for classes, exams, or “other purposes integral to completion of the class.” These include courses offered “principally through the use of television, audio, or computer transmission, including open broadcast, closed circuit, cable, microwave, satellite, audio conferencing, or computer conferencing.”

I acknowledge that the information provided on this form is accurate and correct to the best of my knowledge, and I understand that I am responsible for knowing the regulations pertaining to part-time enrollment, and that I am responsible for any problems caused by providing inaccurate information on this form.

Student Signature: _____ Date: _____

To be completed by Academic Adviser: (students should NOT fill in this portion of the form)

U.S. immigration law requires international students to register for full-time study during each fall and spring semester. Full-time study is defined as 12 semester hours of registration for undergraduates and 9 semester hours for graduate students. The U.S. Citizenship and Immigration Services accepts only certain circumstances to justify enrollment for fewer hours. Since you are in the best position to supply information about this student's academic situation, we are asking you to indicate which of the following situations, if any, explains why the student will not be registered full-time. Please check the item that applies. If you wish to add comments, please do so on a separate page.

Degree Objective and Major: _____ Anticipated Graduation Date: _____ / _____
month year

This form covers the (check one only) fall spring summer (only if first semester) semester of 20 _____

This form must be completed EACH fall/spring semester when part-time.

1. is experiencing **academic difficulty** because: (this option may be used only ONCE per degree level, and the student must still register for 6 semester hours – this information must be entered in SEVIS and a new I-20 will be generated for F-1 students)
 - a. is in first year of study and is having initial difficulty with the English language
 - b. is in first year of study and is having initial difficulty with reading requirements
 - c. is in first year of study and is unfamiliar with American teaching methods
 - d. has been advised to drop a course because of improper course level/course too advanced for student
2. is an undergraduate or Master’s student in the **final semester** and will complete the course of study in the current semester (can be used only once per degree level – this information is entered into SEVIS and a new I-20 will be generated)
3. has a **graduate assistantship** and is registered for at least **six hours**, which this department considers full-time enrollment
4. has completed/is currently completing all required coursework and is **preparing for a comprehensive examination**
5. has completed/is currently completing all required coursework and is making normal progress on **thesis/dissertation**
6. is participating in the **TAPE** program or is enrolled in _____ number of classes in the **Iowa Intensive English Program**
7. is participating in a **full-time on-campus clinical program** in Dentistry
8. is **concurrently enrolled** at the University of Iowa and another institution, and the courses taken at the other institution will be transferred to apply to the degree requirements here at the University of Iowa. (Students note: This also requires completion of Concurrent Enrollment form.)

Academic Adviser Signature _____ Date _____ Department _____

Academic Adviser Name (print) _____ Phone _____ Email _____