



Reduced Enrollment Request Form

Linfield College

TO BE COMPLETED BY STUDENT

Name: _____ Student ID#: _____

Local address: _____

Email: _____ Tel#: _____

Major: _____ Completion date on current I-20 form: _____

TO BE COMPLETED BY ACADEMIC ADVISOR

In general, permission to register for less than full-time enrollment should occur rarely in a student's academic career. Immigration law requires international students to be full-time (at least 12 credits) during each fall and spring semester. This form is to be endorsed by the academic adviser and returned to the International Programs Office. **Students must receive confirmation of authorization of less than full-time enrollment from the International Programs Office before they drop a course. Failure to receive this advance authorization will result in the student's loss of valid non-immigrant status and their ability to remain at Linfield College.**

Semester Requested: Fall 20 ____ Spring 20 ____ Intended # of credits after withdrawal: _____

Reason for Request (Note: The reasons listed below are currently the only reasons listed by U.S. Department of Homeland Security as valid reasons for authorizing reduced enrollment. If none of the reasons listed fit with the student's situation, please contact the International Programs Office at (503)883-2222.

- Illness or medical condition (must have supporting letter from physician)
- Initial difficulty with English language
- Initial difficulty with reading requirements
- Unfamiliarity with American teaching methods
- Improper course level placement
- Final Semester*

***Please Note:** Students who enroll less than full time in order to complete the course of study in the current term have very limited options if they are unable to complete the program as expected. If there is a strong chance that this student will not finish his/her program this semester, please do not recommend a reduced enrollment. This could jeopardize the student's immigration status. Instead, please help the student to find additional credits so that he/she may continue as a full time student.

I endorse and recommend less than full-time registration for this student during the semester requested.

Signature: _____ Date: _____

Name and title: _____

Phone: _____ Email: _____

Linfield College
International Programs Office
Walker Hall 130
(503)883-2222
ipo@linfield.edu