



Reduced Enrollment Request Form

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 (EXCEPT FOR ILLNESS/MEDICAL CONDITION)

Immigration regulations require international students to be full-time (at least 12 credits) during each fall and spring semester. Regulations allow for limited reasons for students to drop below full-time. **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. Please complete the questions below to indicate**

Semester Requested: Fall 20 ___ Spring 20 ___ Intended credits: _____

Reason for Request

- Illness or medical condition **(No Advisor signature required, but letter signed by MD, DO or licensed clinical psychologist is required)**
- Initial difficulty with English language
- Initial difficulty with reading requirements
- Unfamiliarity with American teaching methods
- Improper course level placement
- Final Semester*

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

Signature: _____ Date: _____

Name and title: _____

Phone: _____ Email: _____

Linfield University
International Programs Office
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(503)883-2222
ipo@linfield.edu