Part-Time Enrollment Authorization

International F-1 & J-1 Students must enroll for a full course of study every Fall & Spring semester: 12 credit hours for undergraduate students; 9 credit hours for graduate students. **Keep in mind that you must be making valid progress toward the completion of your degree program.**

**Attention:** If you may lose your out-of-state tuition waiver and/or assistantship if you are not enrolled full-time. Check with your department for more information.

Before enrolling part-time you must receive approval from and ISSFS advisor - exceptions to full-time studies can be authorized by ISSFS for the reasons below:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Procedure for Authorization</th>
<th>Limit</th>
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<tbody>
<tr>
<td><strong>Initial difficulty with English language or reading requirements</strong></td>
<td>Request Academic Advisor or course instructor to complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm student’s difficulty with English language or reading requirements.</td>
<td>1 semester per program level (i.e. 1 term each at BA/BS, MA/MS, PhD level)</td>
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<tr>
<td><strong>Unfamiliarity with U.S. teaching methods</strong></td>
<td>Request Academic Advisor or course instructor to complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm student’s unfamiliarity with U.S. teaching methods.</td>
<td>1 semester per program level (i.e. 1 term each at BA/BS, MA/MS, PhD level)</td>
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<tr>
<td><strong>Improper course level placement</strong></td>
<td>Request Academic Advisor or course instructor to complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm the student was placed in the wrong course.</td>
<td>1 semester per program level (i.e. 1 term each at BA/BS, MA/MS, PhD level)</td>
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<tr>
<td><strong>Medical condition</strong></td>
<td>Student must provide letter from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Student must obtain a new letter from doctor each semester that part-time enrollment is requested. The letter must be on official letterhead with a current date, diagnosis and recommendation. Letter is to be submitted with signed authorization form.</td>
<td>12 months per program level (i.e. 1 year during BA/BA degree, 1 year during MA/MS/ME degree, etc)</td>
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<tr>
<td><strong>Student is enrolled at both the University of Idaho and another school (Concurrent enrollment)</strong></td>
<td>Student must notify IPO by providing printout of registration at second school. Enrollment in both schools must total full-time enrollment requirements.</td>
<td>Not limited</td>
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<tr>
<td><strong>Undergraduate who needs less than 12 credits to complete last term.</strong></td>
<td>Request Academic Advisor to complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm this information.</td>
<td>Last term only</td>
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<tr>
<td><strong>Master’s or Ph.D. student who needs less than 9 credits to complete last term</strong></td>
<td>Major Professor should complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm this information.</td>
<td>Last term only</td>
</tr>
<tr>
<td><strong>Master’s or Ph.D. student who has finished all coursework and only needs to complete thesis, research, dissertation, or comprehensive exam</strong></td>
<td>Major professor should complete the “Authorized Part-Time Enrollment Form” (see other side) to confirm that the student is enrolled in less than 9 credits because s/he needs less than a full course load to complete degree. Must be making valid progress toward completion of degree.</td>
<td>Not limited</td>
</tr>
</tbody>
</table>

**Authorized Part-time Enrollment**
Authorized Part-Time Enrollment Form

Student ID: _______________________

Name: ________________________________________________________________________

Physical/ Mailing Address: __________________________________________________________________________

E-mail Address: _________________________________________________________________________________

Semester Session and Year: _______________________________________________________________________

Instructions for Academic Advisor: International Students on F-1 or J-1 student visas are allowed to enroll part-time only under certain circumstances to remain in compliance with the Department of Homeland Security. Those circumstances are outlined below. Please check which circumstances apply to your student, give a brief explanation and authorize part-time enrollment for the above student with your signature.

If you have any questions please contact ISSFS at 885-8945.

☐ Initial difficulties with the English Language (confirm in explanation below)
☐ Initial difficulties with the reading requirements (confirm in explanation below)
☐ Unfamiliarity with American teaching methods (confirm in explanation below)
☐ Improper course placement (confirm in explanation below)
☐ A student who is enrolled at the UI and another university concurrently (attach proof)
☐ An undergraduate student who needs fewer than 12 hours to complete their program of study in their last term
☐ A graduate student who needs less than 9 credits to complete their program of study in their last term
☐ A graduate student preparing for comprehensive exams or engaging in research on thesis/dissertation (must be making valid progress toward completion of degree)
☐ Medical condition (advisor must be aware of a medical condition and sign below. Student must then obtain a letter from the physician and enclose with authorization form.

Explanation: _________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Academic Advisor’s Signature: ________________________________________________________________

Academic Advisor’s Name (please print): _______________________________________________________

Department: _______________________________________________________________________________
International Student Advisor's Final Approval Initials_________________  IN SEVIS? Y / N