

☐ Not Approved

REQUEST FOR REDUCED ENROLLMENT

Office of International Student Services PO Box 10078, Beaumont, TX 77710

Telephone: 409 / 880 - 7635 FAX: 409 / 880 - 8414

Web: www.lamar.edu

Email: international@lamar.edu

Date

To be completed by student: Α. Current Semester: LU ID #:_____ Date: Name: First Family/Last Name Local Address: Academic Adviser:_____ Department: Degree Level: [] Bachelor [] Master [] Doctor [] PhD Program of Study:___ Credits Accumulated Anticipated Graduation SEVIS I-20 or DS-2019

To date: _____(credits) Date: ______ Completion Date: ______

My.Lamar Email Address: ______@my.lamar.edu Signature______ To be completed by academic adviser: In general, permission to register for less than full time should occur rarely in a student's career. By immigration law the international student should be full time during each fall and spring semesters. If the student's activity is equivalent to full time by actually requires less than full-time registration (e.g., writing a thesis), this form is to be endorsed by the academic adviser and forwarded to the International Office. Semester Requested: _____ Currently enrolled for _____credit hours. Requesting reduced hours to _____semester credit hours for same semester. Student may use one of the following reasons only once and remain registered for at least half-time enrollment: "Initial" (**first semester of enrollment**) difficulty with reading requirements. ☐ "Initial" (**first semester of enrollment**) difficulty with the English language. Unfamiliarity with American teaching methods (**first semester of enrollment**) ☐ Improper course level placement (within first two (2) semesters). Illness or medical condition. Required to submit an original and currently dated documentation from a U.S. medical doctor outlining your illness, time limit for your recovery, etc. ☐ Student to complete course of study this semester and scheduled to graduate ______. I endorse and recommend less than full-time enrollment for this student for the reason & semester indicated above. The course(s) that the student has my approval to drop are: Academic Adviser:_______Date:______ Phone No: Department of: C. To be completed by the International Student Services Office ☐ Approved ☐ Not Approved DSO, International Student Services Date D. To be completed by the Dean of Graduate Studies ☐ Approved

Dean of Graduate Studies