

Office of International Services  
University of Arkansas at Little Rock  
Stabler Hall 105 2801 S. University Ave  
Little Rock, AR 72204

Phone: 501-683-7566  
Fax: 501-683-7567

## Request for Approval of Reduced Enrollment For Immigration Status Purposes

**Note to student and advisor: Reduced enrollment approval for immigration status purposes does NOT constitute approval of reduction in enrollment for Graduate School, Financial Aid, or assistantship/scholarship/fellowship purposes. Please verify Enrollment requirements with other offices prior to submitting this request.**

Name of Student: \_\_\_\_\_ T Number: \_\_\_\_\_

Semester for which reduced enrollment is requested: \_\_\_\_\_

The student named above is a non-immigrant in F-1 or J-1 student status and subject to enrollment minimums established by the United States Department of Homeland Security (DHS). **Federal regulations require that students who are so classified maintain the following minimum enrollment during the fall and spring semesters:**

<i>Undergraduate Students</i>	<i>12 hours</i>
<i>Graduate Students</i>	<i>9 hours</i>
<i>Graduate Assistants</i>	<i>9 hours</i>

DHS does recognize certain situations in which student \_\_\_\_\_ be permitted to enroll for fewer credit hours than normally required; however, **no student may drop below established minimums without PRIOR APPROVAL of his/her international student coordinator (OIS coordinator).** Failure to obtain such approval prior to enrolling in or dropping below a full course of study as defined by DHS is a violation of status and, as such, may subject the student to penalties including detention (arrest) and removal (deportation). Unauthorized drops below full \_\_\_\_\_ must be reported to Immigration and Customs Enforcement as required by United States law.

Reduced enrollment permission for ANY REASON must be requested on a semester-by-semester basis. In case of illness or other medical condition, total period of reduced enrollment may not exceed one year.

*The student named above has requested reduced enrollment. Please assist us in evaluating the student's request by indicating the appropriate information on the following page and returning the form to the student. If you have any questions, please contact Allyson Hughes at the Office of International Services, Stabler Hall 105, at 569-3582 or [abhughes@ualr.edu](mailto:abhughes@ualr.edu). Thank you.*

**TO BE COMPLETED BY ADVISOR OR DOCTOR ONLY!**

\_\_\_\_\_ This student has **difficulty with the English language or reading requirements (first term only)**, unfamiliarity with **American teaching methods (first term only)**, or has been placed in the **improper course level due to an advising error**.

\_\_\_\_\_ This student has an **illness or medical condition which prevents him or her from carrying a full course of study**. *Must be certified by a medical doctor (M.D.), doctor of osteopathy (D. O.), or licensed clinical psychologist. Include license number below.*

\_\_\_\_\_ This student has verified through an **end of degree program check** that he or she **needs fewer than the indicated minimum number of hours** to complete the degree program. The student will **enroll for these hours (incompletes do not satisfy this requirement)** and will be able to **complete the program no later than the end of the semester for which reduced enrollment is requested**.

\_\_\_\_\_ This student is a **graduate student** who has **already completed all required coursework and is preparing for comprehensive exams or engaged in research for thesis or dissertation**. **If engaged in thesis or dissertation, he/she will be enrolled in at least one thesis/dissertation (or similar) hour**.

\_\_\_\_\_ This student is **concurrently enrolled at \_\_\_\_\_** although the University of Arkansas at Little Rock will grant the student's degree (proof of concurrent enrollment, including number of credit hours taken outside, must accompany).

\_\_\_\_\_ This student is **taking \_\_\_\_\_ hours of credit by correspondence/online/distance education** (no more than **one course**, at **maximum 3 hours**, may be "counted" each semester; proof of enrollment must accompany.)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/Email (Optional)

**If MD, DO, or LCP: I am a licensed doctor in \_\_\_\_\_, license # \_\_\_\_\_**  
**PLEASE INCLUDE STAMP OR SEAL.**