



Undergraduate Student's 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 automatic approval of reduction in enrollment for 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>2 hours</i>
<i>Postbaccalaureate Students</i>	<i>2 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 students may 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 academic advisor and from the Office of International Services. 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 time enrollment 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.



Office of International Services

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. Thank you.

TO BE COMPLETED BY ACADEMIC ADVISOR OR DOCTOR ONLY!

This student has difficulty with the English language or reading requirements (first term only), or unfamiliarity with American teaching methods (first term only).

This student 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 (incomplete does 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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Advisor or Doctor (Print Name) Signature of the Academic Advisor or Doctor Date

Telephone Email

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

OIS Signature and Seal: \_\_\_\_\_