

REQUEST FOR EXCEPTION FROM FULL-TIME ENROLLMENT

TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____

WIU ID #: _____

I am registering for _____ credit hours during the _____ semester of _____ (year) and request that my academic load be considered as full ~~time~~ enrollment for immigration purposes for the following reason:

- Z L O O graduate this semester and - D P taking the last remaining courses Q H F H V V D U \ W R complete P \ degree requirements.

By signing W \ S L Q J P \ below, I understand the following:

- r This may affect my student health insurance.
- r This may affect my eligibility for student employment (must be enrolled 6 hours or more).
- r I need to submit/have a degree plan on file with the School of Graduate Studies.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY THE STUDENT'S ACADEMIC ADVISOR

I certify that I have reviewed the above request, the student's academic file, and where applicable, a Degree Plan for this student. %y signing W \ S L Q J my name E H O R Z, I approve the request.

Name: _____ Department: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE IMMIGRATION SPECIALIST

By signing W \ S L Q J my name E H O R Z, I approve this request and have given the student permission to be enrolled in less than full-time for immigration purposes.

Signature of Immigration Specialist: _____ Date: _____