



REQUEST FOR REDUCED ENROLLMENT

Office of International Student Services & Admissions
PO Box 10078, Beaumont, TX 77710
Telephone: 409 / 880 - 8356 FAX: 409 / 880 - 8414
Web: www.lamar.edu
Email: dranesl@hal.lamar.edu

A. To be completed by student:

Date: Current Semester: LU ID #:
Name: Family/Last Name First
Local Address:
Department: Academic Adviser:
Degree Level: [] Bachelor [] Master [] Doctor Program of Study:
Credits Accumulated Anticipated Graduation SEVIS I-20 or DS-2019
To date: (credits) Date: Completion Date:
Email Address: Signature

B. 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 and/or difficulty with the English language.
Unfamiliarity with American teaching methods (first semester of enrollment)
Improper course level placement
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
Master or Doctor's student- less than full time required as a student is engaged in thesis or is preparing for comprehensive exam or engaged in research/writing
Master or Doctor's student- less than full time receiving scholarship.

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:
Department of: Phone No:

C. To be completed by the Dean of Graduate Studies & Research

- Approved
Not Approved Dr. Jerry Bradley, Dean of Graduate Studies & Research Date

D. To be completed by the International Student Services Office

- Approved
Not Approved Sandra Drane, PDSO, Coordinator—Intern'l Admissions Services Date