

**FULL COURSE WAIVER FORM
F-1 INTERNATIONAL STUDENT
PRAIRIE VIEW A&M UNIVERSITY**

Full-time enrollment is a requirement for international F-1 students (9 hours graduates and 12 hours undergraduates) in both Fall and Spring semesters. A student cannot drop below the minimum number of hours without prior approval from the international student advisor. A student who drops below a full course load without prior approval may be considered to be out of status.

Student Name: _____ Signature: _____ Date: _____
Student ID Number: _____ Semester Waiver Requested: _____
Email Address: _____ Telephone Number: _____

Authorized reasons for registering for less than a full course of study:

___ **Medical Condition:** Regulations require that a letter must be written by a licensed medical doctor, a doctor of osteopathy, or a licensed clinical psychologist on their own professional stationary. It should state that a specific (explained) illness or medical condition compelled the student to reduce or to interrupt his or her full course of study. The letter must state the semester involved.

___ **Academic Difficulties for enrolling less than full time:** The regulations require that a student can only be authorized for a full course waiver for academic difficulties once during each academic program level. The student must be registered for a minimum of 6 credit hours. The only valid reasons that may be approved are;

- a) Initial (within the first year in the U.S.) difficulties with the English language or reading requirements;
- b) Initial (within the first year in the U.S.) unfamiliarity with U.S. teaching methods;
- c) Improper course level placement.

___ **Final Term:** Graduate/undergraduate student in last semester who need less than full-time hours to complete university requirements for the degree. ***The student must be registered. Final course cannot be online course. The student must be physically present in a classroom for his/her final term. Final term of study includes fall, spring and summer.***

___ **Other:** _____

Academic Advisor or Graduate Faculty Advisor: The student listed above is requesting a full course of study waiver based on the checked item. Please complete this section and sign in blue ink.

Semester /Year student will be below a full course of study: _____

Course number(s) and number of credit hours the student will be registered for during the requested semester. ***Final course(s) cannot be online.***

If not the student's final term – List the academic requirements remaining for the degree: _____

Printed Name: Academic or Graduate Faculty Advisor

Signature: Academic or Graduate Faculty Advisor _____ Date _____

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International Student Advisor: Full Course Waiver Approved for: _____ Semester _____

DSO Name

DSO Signature

Date