



International Student & Scholar Services

Certification of Full-time Enrollment Form

According to immigration regulations all F-1 and J-1 students must be full-time, and making progress towards the completion of their academic program [8 CFR 214.2(f)(5)(I)]. Students are permitted to carry a reduced course load or drop/withdraw from a class only in certain limited cases. For undergraduates not enrolled for at least 12 credits in each regular semester, and for graduate students not enrolled for at least 9 credits in each regular semester, the student's academic advisor must recommend whether their enrollment will be considered full time under one of the categories listed below in order for the student to maintain F-1 or J-1 status. Please call International Student and Scholar Services if you have any questions at 201-216-5189, or email iss@stevens.edu. This form must be submitted by September 25th 2009

Name of Student _____

Student ID Number _____ Semester _____ Year _____

Number of Credits Constituting Full Time _____ (actual credits enrolled)

1.) _____ The student has a medical condition that forces him/her to reduce or interrupt a full course of study. The student has provided medical documentation detailing the medical problem. The student will resume studies on _____ (one year maximum; must be re-certified each semester)

2.) _____ Initial Difficulties (one semester maximum)

_____ A.) The student is enrolled in English as a Second Language course for their first semester

DE # _____

3.) _____ Improper course level placement (one semester maximum)

4.) _____ **Final semester difficulties (one semester maximum)**

A.) _____ The student will complete all course requirements in this semester and will graduate at the end of the semester.

B.) _____ Has completed all courses and research credits and is working on dissertation and thus the student is on maintenance of matriculation, D999 (**2 semester maximum**).

C.) _____ The student is currently preparing for the Ph.D. qualifying exam, and therefore needs to carry a reduced course load (one semester maximum)

Advisor's signature _____ Date _____

Department _____

Student's signature _____ Date _____

PLEASE RETURN THIS FORM ONLY TO THE INTERNATIONAL STUDENT AND SCHOLAR SERVICES OFFICE, FIFTH FLOOR, HOWE CENTER. (201) 216-5189