

Under-enrollment Request Form

Graduate thesis

International Student and Scholar Services
Georgia State University
P.O. Box 3987
Atlanta, GA 30302-3987
Tel: 404-413-2070
Fax: 404-413-2072
Email: iss@gsu.edu
www.gsu.edu/iss



STUDENTS: Complete Section 1 and then have an *academic advisor complete Section 2*. After your academic advisor has completed section 2, you must meet with an international student advisor.

*****If you are requesting a reduced course load for MEDICAL reasons or because it is your FIRST TERM in school in the United States, please see an ISSS advisor for information.*****

1. To be completed by student

Family name _____ First name _____

Student # _____

E-mail Address _____@student.gsu.edu Telephone # (_____) _____

College _____ Department _____

Degree: Master _____ Ph.D. _____

Completion date on I-20 _____

2. To be completed by Academic Advisor

In general, graduate students (in a thesis program) who are completing their thesis or research work are considered to be full-time even though they may not be registering for any or few classes. According to immigration regulations the foreign student (F-1, J-1) must be shown as full-time during each fall and spring semester. If the student's activity is equivalent to full-time but actually requires less than full-time registration (e.g., writing thesis), this form is to be endorsed by the academic advisor.

*****PLEASE NOTE- regulations require approval from the International Advisor for taking less than a full course load prior to the start of classes in the corresponding academic term or the student will fall out of status*****

The student has completed formal course work and is preparing for a comprehensive exam on the following date: _____.

The student has completed formal course work and is engaged in thesis or dissertation research to be defended on the following date: _____.

I endorse and recommend less than full-time registration for this student during
(FALL / SPRING) _____ (year) semester.
Circle one

Final term for completion of the student's degree program: _____

Academic Advisor _____ Name _____ Date _____
Signature

Email Address _____ Phone # _____

Please return to the Advisor in Int'l Student & Scholar Services in a sealed, departmental envelope.

3. To be completed by the Foreign Student Advisor

Approved by Foreign Student Advisor: _____ Date _____