

**VIRGINIA TECH -- GRADUATE SCHOOL
REQUEST FOR REDUCED ENROLLMENT**

Section A (to be completed by student)

Please PRINT all information requested.

Last Name	First Name	Date of Birth
VT ID # _____	SEVIS #: _____	
Email: _____		
Degree: _____	Department: _____	
Term requested: _____	Anticipated program completion date: _____	
Approved plan of study: ____ yes ____ no		
Expiration date on current I-20: _____		

Reason for request:

- Medical (attach certification from the Schiffert Health Center)
- Academic
 - Reduced course load during my final semester. I understand that I will be required to enroll full time for the following semester if I fail to complete my program as indicated above. (Section B must be completed by your academic advisor). I also understand that the class(es) I take in the final semester either are on my Plan of Study or are relevant to my academic program and/or career goals.

Student signature **Date**

Section B (to be completed by academic advisor for a reduced course load during the student’s final semester)

Immigration regulations require that international students register full time every semester. However, if it can be verified that the student needs less than full time hours to complete his/her degree program, the student may request and receive permission to enroll for fewer hours in their last semester.

NOTE: Students on Graduate Assistantships are required to enroll for at least 12 hours per semester in order to keep the assistantship.

I endorse and recommend a reduced course load for the academic term indicated and verify that the student is in the last semester of his/her program. I also verify that the class(es) for which the student is registering either are on the Plan of Study or are relevant to his/her academic program and/or career goals.

Name of academic advisor (print)	Signature of advisor
Date	

FOR IGSS USE ONLY: Original form and all supporting documents submitted must be retained in student’s IGSS file.	
Request approved _____	Request denied _____
_____ (IGSS Advisor Initials)	_____ Date