This form is to be used by F-1 and J-1 international students who would like to request permission, for immigration purposes, to have less than full-time enrollment due to needing fewer credit hours in their final semester to complete their program.

Full-time enrollment is 9 credit hours or more. Students on Graduate Assistantships are not eligible for authorized reduced enrollment.

**Term requested for:**
- [ ] fall 20____
- [ ] spring 20_____ 

**Student Information**
Please use the Surname field if you have only one name. The Given Name field is to be used for all other names.

Surname: __________________________________________
Given Name: __________________________________________

VT ID: (last 4 digits) ____________ SEVIS ID #: ____________
VT email: ____________ Phone #: ____________

**Please complete the following:**

**Degree (check one):**
- [ ] Master’s Thesis
- [ ] Master’s non-Thesis
- [ ] Doctorate

Major: ____________________________

Anticipated program completion date: (MM/DD/YY) _____/____/____
Anticipated defense date (if applicable): (MM/DD/YY) _____/____/____

(Last Date of Semester for Non Thesis or Submission of ETD for Thesis/Dissertation)

Plan of study approved by the Graduate School: [ ] Yes [ ] No
Enrollment for final semester:

Expiration date on [ ] I-20 or [ ] DS-2019 (MM/DD/YY) _____/____/____

Have you or will you be applying for OPT? [ ] Yes [ ] No
Explain: ________________________________________________________

**Student Certification:**
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. I also certify that the course(s) I will take in the final semester is/are on my Plan of Study or are relevant to my academic program and/or career goals.

Student Signature __________________________________________ Date (MM/DD/YY) _____/____/____

**Academic Advisor Certification:**
I endorse and recommend a reduced course load for the academic term indicated and verify that the student is in the final semester of his/her program. I also verify that the credits for which the student is enrolled are either on his/her Plan of Study or are relevant to his/her academic program and career goals.

Academic Advisor (print name) ____________________________
Signature __________________________________________ Date (MM/DD/YY) _____/____/____

**Please return form to International Graduate Student Services**

International Graduate Student Services
Graduate Life Center at Donaldson Brown (0325)
Blacksburg, Virginia 24061
Phone: 540-231-8486 | Fax: 540-231-3714 | email: igss@vt.edu

FOR IGSS USE ONLY: [ ] Request Approved [ ] Request Denied [ ] Advisor Initials ________

IGSS Advisor Signature: __________________________________________ Date: ____________________