

GEORGETOWN UNIVERSITY LAW CENTER

REQUEST FOR LESS THAN FULL-TIME ENROLLMENT

Complete Section A and then have your academic advisor complete Section B summarizing the reason for a reduced number of credits. *Note that a student is eligible for a maximum of twelve months of a reduced number of credits, and INS rules require that permission for a reduced load be granted each semester prior to the student enrolling for a reduced load.*

A. To be completed by student:

Family Name: _____ Given Name: _____
Student ID#: _____ Visa Status: F-1 _____ J-1 _____

Local Address: _____

Email address: _____ Phone number: _____

Degree: J.D. _____ LL.M. _____ S.J.D. _____

Anticipated completion Date: _____ Expiration date of I-20 or DS-2019: _____

B. To be completed by Academic Advisor

Semester Requested: _____

Intended number of credits: _____

Reason for recommendation of reduced program of studies:

- The student is having difficulty with the English language or reading requirements.
- The student is unfamiliar with American teaching methods.
- The student has been placed in the improper course level.
- The student need less than a full course load to finish the degree program this semester.
- The student has completed formal course work & is engaged in thesis or dissertation research.
- The student has a medical reason for needing to be registered less than full time and the medical statement is attached.

I endorse and recommend less than full-time registration for this student during the semester requested.

Academic Advisor: _____ Print name: _____ Date: _____
[signature]

Phone number: _____ Email address: _____

C. To be completed by the International Student Advisor:

Approved: _____ Print name: _____ Date: _____
[signature]