REQUEST FOR EXCEPTION TO THE FULL COURSE OF STUDY REQUIREMENT

If you have any questions, please email international@montana.edu.

Name: ___________________________________ Semester: ________ GID #: ____________

Department: _____________ Academic Advisor: _______________ Credits to be completed: ___

An international student in F-1 status is considered to be pursuing a full course of study even though enrolled for less than the “full-time” credit load (12 credits for undergraduates and 9 for graduates) under specified circumstances certified by a school official, designated by the USCIS and International Student & Scholar Advisor.

EXCEPTIONS (UNDERGRADUATE or GRADUATE Students):

- Initial difficulty with English language: _______________ (1 of the 4 one time only)
- Initial difficulty with Reading requirements: _____________
- Unfamiliarity with U.S. Teaching Methods: _____________
- Improper course level placement: ________________

Comments: _______________________________________________________________________

- Student COMPLETING PROGRAM** DURING CURRENT TERM: _____
  **Advisor letter required to confirm completion within semester. (Can drop to 3 credits, but if completion is not assured, student should take the required minimum.)

- Medical condition (Consult with OIP. Letter from doctor required.) _____ (as few as 0 credits)

GRADUATE STUDENT EXCEPTIONS: Check one: Master _______ PhD ________

- Graduate Teaching Assistant (TA): ___________ (can enroll in 6 credits)
- Graduate Research Assistant (RA): ____________ (can enroll in 6 credits)
- Graduate student needs brief extension (1 month) to finalize dissertation _______ (can enroll in 1 credit)

__________________________________________    ___________________________________  _______________________
Academic Advisor (Print name)    (Sign)     (Date)

_________________________________________   _____________________________________  __________________________
Graduate School (Graduate Students only)    (Sign)      (Date)
(Print name)

__________________________________________    ___________________________________  _______________________
OIP - (Foreign Student Advisor)    (Sign)     (Date)
(Print Name)

OIP “Blue Form” revised 4-13-15, Q:\OSDisk\global\ISSS\Advising\Forms & Docs\Spring 2015 New Forms