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: __

A foreign student in F-1 or J-1 status may be considered to be pursuing a full course of studies even though enrolled for less than the “Full Time” credit load definition (12 for undergraduates and 9 for graduates) under specified circumstances certified by a school official, designated by the USCIS and International Student & Scholar Advisor.

UNDERGRADUATE - Bachelor’s degree

- 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 THIS TERM: _____
  (If completion is not assured, student should take the required minimum)

GRADUATE: Master _______ PhD ________

- Graduate Teaching Assistant (TA): ___________ (can enroll in 6 credits)
- Graduate Research Assistant (RA): ___________ (can enroll in 6 credits)
- Graduate student who has COMPLETED FORMAL COURSE WORK and is in the final semester: _____
  **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)
- Graduate needs extra time (1 month) to finalize dissertation ______ (can enroll in 1 credit)

UNDERGRADUATE AND GRADUATE: Illness or medical condition (Note from Doctor) ______

_________________________________________    ___________________________________  _______________________
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