• International students in F-1 or J-1 status must be registered full-time each quarter, excluding summer.
• Full-time is defined as 12 units per quarter.
• International students must meet with and receive approval from an International Student Advisor before dropping below 12 units.
• Students who plan to take a quarter off (PELP) should not use this form and should make an appointment with an SISS advisor.

Fill out the required section and the boxed section that applies.

<table>
<thead>
<tr>
<th>Required</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Last</td>
<td>First</td>
<td>Date of Birth: MM/DD/YYYY</td>
</tr>
<tr>
<td>Student ID:</td>
<td>Last</td>
<td>First</td>
<td>Phone:</td>
</tr>
<tr>
<td>Requested Quarter:</td>
<td>☐ Fall</td>
<td>☐ Winter</td>
<td>☐ Spring</td>
</tr>
</tbody>
</table>

### Medical Condition

An international student may be authorized for a reduced course load (or no classes at all) due to a temporary illness or medical condition for a maximum of 12 months. The approval is only valid for one quarter at a time. Students must reapply each quarter.

**Required:** Letter, on official letterhead, from a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), or a licensed clinical psychologist recommending either a reduced course load (less than 12 units) or no enrollment (0 units) due to a medical condition. The letter must specify the quarter for which the exception to full-time enrollment is applicable.

**Forms to file at the Office of the Registrar:**

- Reduced Course Load: Submit a “Petition to Change Status” form to the Office of the Registrar if you will be enrolled in 6 units or less. **Application deadline is the 10th day of instruction. Please note that Ph.D. students who have passed the Qualifying Examination and advanced to candidacy are not eligible for part-time status for tuition purposes.**

  **OR**

- Leave of Absence: Submit a “Completed E-Mail Planned Educational Leave Program (PELP) Advising” form through your graduate program coordinator to the Office of Graduate Studies. The completed e-mail PELP advising form must be submitted to the Office of Graduate Studies for approval **prior to the first day of the term** in which PELP is to take effect.

I hereby confirm the above information is complete and accurate. If there are any changes I will notify my International Student Advisor at SISS.

**Student Signature:** ___________________________ Date: __________________________
### Academic Difficulty

**Please check the most appropriate reason:**

- [ ] Initial difficulties with reading requirements.
- [ ] Initial difficulties with the English language.
- [ ] Unfamiliarity with U.S. teaching methods.
- [ ] Improper course level placement.

**Course Name:**

**Advisor’s Name:** __________________________  **Phone:** ___________  **Email:** __________________________

**Advisor’s Signature:** ____________________________________  **Date:** __________________________

- An international student may be approved to take less than 12 units due to academic difficulty, but only based on one of the reasons listed below.
- This approval is given **one time only** per degree program and the student must be enrolled for a minimum of 6 units.

The student will be enrolled for a total of _______ units for  
- [ ] Fall  
- [ ] Winter  
- [ ] Spring  

**Advisor’s Name:** __________________________  **Phone:** ___________  **Email:** __________________________

**Advisor’s Signature:** ____________________________________  **Date:** __________________________

**Note:** This form may be signed by the student’s graduate advisor, major advisor, or graduate program coordinator

- [ ] I hereby confirm the above information is complete and accurate. If there are any changes I will notify my International Student Advisor at SISS.

- [ ] I also understand that approval for a reduced course load due to academic difficulty does not allow me to change to part-time status for tuition purposes according to the policy of the Office of the Registrar.

**Student Signature:** ____________________________________  **Date:** __________________________