



Full-Time Equivalency Request for F-1 students

Please allow 7 full business days for processing a complete application

Full-Time Equivalency is a type of authorization granted to students which allows the student to be enrolled in less than full-time credits but to be considered enrolled full-time to maintain their student status.

Full-time enrollment at St. Cloud State University:

Undergraduate = 12 credits / Masters = 8 credits / Doctoral = 6 credits

To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ Degree Level: _____

Major: _____ Phone number: _____

SCSU e-mail: _____ Personal e-mail: _____

Expected date of graduation: _____ Major: _____

Academic term for Reduced Course Load request: _____ (Term/Year)

If you need to drop/withdraw from a course/s you must submit a copy of this form to **Records & Registration (AS118)** and list the course number/s:

1) _____ 2) _____ 3) _____ 4) _____

Note: If you are withdrawing from a course after the withdrawal deadline, you must review and complete any Registration Petition documents as required by the Office of Records and Registration. For more information, view here: <http://www.stcloudstate.edu/srfs/withdrawals/default.aspx>

Do you have an on-campus job: _____ YES _____ NO

*If you have an on-campus job you must submit a copy of this form to the **Payroll Department (AS 122)**.*

By signing below, I hereby understand that I must receive prior authorization for a full-time equivalency request and that it must be relevant to the current academic term.

Student Signature: _____ Date: _____

To be completed by the Academic Advisor:

- ___ 1. **Authorized participation in full-time Curricular Practical Training (CPT):** The student will be participating in an alternate work/study, internship, co-operative education, or other type of internship/practicum.

Please attach to Curricular Practical Training (CPT) application.

The student must remain enrolled in **at least one credit** related to their CPT for *every semester* of approved CPT, including the summer session.

Please list the student's CPT course information:

Course number: _____ # of credits: _____ Term: _____

Please list any other course/s in which the student will be registered while participating in CPT:

Course number: _____ # of credits: _____ Term: _____

Course number: _____ # of credits: _____ Term: _____

- ___ 2. **Concurrent enrollment:** The student is taking classes at St. Cloud State University and another SEVIS-approved institution in order to be enrolled in a full-time course load.

Please attach to Concurrent Enrollment application.

- ___ 3. **Masters/Doctoral students working on a culminating project/dissertation/starred paper/thesis/capstone:**
The student is required to participate in a culminating project/dissertation/starred paper/thesis/capstone in order to complete his/her degree requirements.

The student must remain enrolled in **at least one credit** related to the **culminating project/dissertation/starred paper/thesis/capstone** for *every semester* (including the summer if it is the last semester).

Please list the student's culminating project/dissertation/starred paper/thesis/capstone course:

Course number: _____ # of credits: _____ Term: _____

Please list any other course/s in which the student is currently registered:

Course number: _____ # of credits: _____ Term: _____

Course number: _____ # of credits: _____ Term: _____

Course number: _____ # of credits: _____ Term: _____

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.

(Signature of Academic Advisor)

(Date Signed)

(Name – Please Print)

(Phone)

(Academic Department)

Center for International Studies USE ONLY

*****Extenuating circumstances maybe approved by the Primary Designated School Official (PDSO). Requires PDSO signature.*****

Approved: ___ YES ___ NO If yes, ISRS Code: _____ If no, reason: _____

Signature of Center for International Studies advisor: _____ Date: _____