Full-Time Equivalency Request for F-1 students

Please allow 5 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 complete the **Late Withdrawal form** (http://www.stcloudstate.edu/provost/forms/late_withdrawal.pdf) and return it to the appropriate office as listed on the form.*

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 is participating in an alternate work/study, internship, co-operative education, or other type of internship/practicum. The student must remain enrolled in **at least one credit** related to their CPT for *each semester* of approved CPT, including the summer session. *The student should also have **included** their CPT application.*

   Please list the student's CPT course information:

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

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

   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.

   The student is also taking classes at the following SEVIS-approved institution:
   _____

   SEVIS School Code at 2nd Institution: _____

   ***Please attach the completed Center for International Studies **Concurrent Enrollment forms**
   (http://www.stcloudstate.edu/internationalstudents/students/f1/ConEnrAppProcs.asp)***

___ 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 during the current semester.
   The student must remain enrolled in **at least one credit** related to the **culminating project/dissertation/starred paper/thesis/capstone** for *each 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

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

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

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