

FULL TIME ENROLLMENT EXCEPTION (FCE)

Students who drop below full time enrollment without PRIOR approval from an International Student Advisor will be considered to be in violation of their non-immigrant status. **This form is due by the last day to add classes for the semester in which you are requesting an FCE.**

STEP 1 - STUDENT INFORMATION

SJSU ID #: _____		Expected Graduation Date: _____	
Name: _____		_____	
Last Name/Surname		Given Name	
Telephone #: _____		E-mail: _____	
I am requesting RCL permission for: FALL _____ SPRING _____ (Indicate ONLY one term per form)			
Signature _____		Date: _____	

STEP 2 - FCE REASON (Choose only ONE option)

See [ISSS website](#) for detailed information and required documentation.

I am requesting permission to take less than a full course load at SJSU for the following reason:

CONCURRENT ENROLLMENT

CULMINATING EXPERIENCE

☐ In addition to my enrollment at SJSU, I will also be taking courses at another institution.

I plan to take _____ units at SJSU and _____ units at the other institution.

You must provide evidence of enrollment at the other institution. Please see STEP 3 for more details and instructions.

OR

To be completed by the student:

I will be (choose one):

- ☐ Working on project
- ☐ Working on thesis
- ☐ Working on comprehensive exam
- ☐ Last semester of coursework before working on thesis/ project/ comprehensive exam

You must be enrolled in the appropriate course(s) as determined by your academic department.

STEP 3 - FCE ENDORSEMENT (Choose only ONE option)

CONCURRENT ENROLLMENT

CULMINATING EXPERIENCE

To be completed by the student:

Submit this form & documentation of enrollment to ISSS on or before the first day of the semester. **The enrollment document MUST include: your name, college name, # of registered units; if class is in person or online, and duration of enrollment.** Upon completion of your non-SJSU course(s) please submit an unofficial transcript to ISSS via email.

OR

To be completed by student's Academic Advisor, Department Chair or Dean:

The information below is required for regulatory purposes. By signing this form you confirm the student is pursuing the CE option selected in STEP 2.

Print Name: _____

Title: _____ Department: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

FOR ISSS USE ONLY Date Received: _____

DSO Signature: _____

Approval Date: _____

Total Units Enrolled: _____

06/29/2018

REDUCED COURSE LOAD (RCL)

Students who drop below full time enrollment without PRIOR approval from an International Student Advisor will be considered to be in violation of their non-immigrant status. **This form is due by the last day to add classes for the semester in which you are requesting a RCL.**

STEP 1 - STUDENT INFORMATION

SJSU ID #: _____		Expected Graduation Date: _____	
Name: _____		_____	
Last Name/Surname		Given Name	
Telephone #: _____		E-mail: _____	
I am requesting RCL permission for: FALL _____ SPRING _____ (Indicate ONLY one term per form)			
Signature _____		Date: _____	

STEP 2 - RCL REASON (Choose only ONE option)

See [ISSS website](http://www.sjsu.edu/isa/) for detailed information and required documentation.

I am requesting permission to take less than a full course load at SJSU for the following reason:

<input type="checkbox"/> LAST SEMESTER I will be completing my program this semester and I don't need to register for a full course load.	OR	ACADEMIC DIFFICULTIES (choose one) <input type="checkbox"/> Improper Course Level Placement <input type="checkbox"/> Difficulties with English Language <input type="checkbox"/> Difficulties with American Teaching Methods <input type="checkbox"/> Difficulties with Reading Requirements	OR	<input type="checkbox"/> MEDICAL REASONS I have an illness or medical condition that prevents me from being enrolled full time.
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STEP 3 - RCL ENDORSEMENT (Choose only ONE option)

LAST SEMESTER <u>To be completed by student's Academic Advisor, Department Chair or Dean:</u> The information below is required for regulatory purposes. By signing this form you confirm the RCL option selected by the student in STEP 2. LAST SEMESTER: Student is in final semester and needs only _____ units to complete all degree requirements. Printed Name: _____ Title: _____ Department: _____ Telephone: _____ Email: _____ Signature: _____ Date: _____	OR	ACADEMIC DIFFICULTIES <u>To be completed by the student:</u> Please attach a supplementary letter (on SJSU letterhead) from your academic advisor including an explanation in support of the reason selected above. The RCL will NOT be approved without the support letter.	OR	MEDICAL REASONS <u>To be completed by the student:</u> Submit this form along with documentation from an M.D., D.O. or Clinical Psychologist who is licensed in the U.S. Types of documentation accepted can be found on our website: http://www.sjsu.edu/isa/current/status/course-load/index.html
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FOR ISSS USE ONLY Date Received: _____

DSO Signature: _____

Approval Date: _____

Total Units Enrolled: _____

06/29/2018