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|  | **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: | | |  | | | |

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*](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:

*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.*

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| --- |
|  |

Student Signature: Date:

Center for International Studies, Lawrence Hall 101, 720 Fourth Ave South, St Cloud, MN 56301

Phone: 320-308-4287 / Fax: 320-308-4223 / [Email: isss@stcloudstate.edu](mailto:isss@stcloudstate.edu)