

Office of International Education (OIE) Full-time Enrollment Waiver Form

Swift Center 1022 UTA Blvd, Box 19028 Arlington, TX 76019-0028 PH (817) 272-2355 FAX (817) 272-5005

To be completed by the student:

This waiver is for: C Fall C Spring C Summer	
Student Name	UT ID #
Email	Phone
Are you a GRA or a GTA: O Yes O No	
Note: Permission of Graduate Dean required if student holding GRA/GTA is enrolled be	low 9 hours.
Please read the following statements and initial:	
I must obtain permission from OIE before dropping below full time enrollment	ent hours.
I am only allowed to drop one course per degree level for any academic reas	son (see page 2 for acceptable reasons).
If approved, I must remain in a minimum of 6 credit hours. (Rare exceptions	allowed for final semester and medical waivers). $ \\$
I may only drop the course(s) which have been reviewed and approved by t	he OIE advisor.
I have read the information above and understand that I must obtain the permission froquestions, I should speak to one of the OIE Advisors before I make any decision.	om OIE before I drop any course. If I have any
Student Signature	Date
Your request will be ready for pick-up, after 3:30 p.m., 7 to 10 business day	•
To be completed by Office of International Education:	
This waiver is: Approved Denied for semester only.	
Credit hours required for this semester:	Name/Title of DSO
The approval/denial reason:	
The student has had previous waivers: No Yes. If Yes, Semester(s):	
Reason(s):	
DSO Signature	Date Signed
Actions: Recorded in PS Emailed Copied	

With few exceptions, you are entitled on your request to be informed about the information U.T. Arlington collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Arlington correct information about you that is held by us and is incorrect. Be assured that your UTA records are protected from unauthorized disclosure by federal law.

To be completed by the Academic Advisor / Course Professor ONLY: Please contact the OIE if you have any questions while filling out this form: ○ Fall ○ Spring | Summer This waiver is for: UT ID# Student Name * Required courses for given semester: Estimated date of completion of degree requirements: Please check one of the acceptable reasons for a Full-time Enrollment Waiver for this student per Immigration Regulations [8 C.F 214.2 (f)(6) (iii)] listed below: Academic Reasons: (Check one of the following:) Initial Difficulties: (Only in the first semester at a US institution. Required enrollment for graduate students is 6 hours and 9 hours for undergraduates. Check only one option below.) ☐ English Language American teaching methods **Reading Requirements** Improper course level placement: (Required enrollment for graduate students is 6 hours and 9 hours for undergraduates) Please explain how this student was registered for this course inappropriately: (If needed, attach a separate page) Thesis, Project or Dissertation only Student has completed all other requirements for degree. Required enrollment is 6 hours and student must reapply for a waiver each additional semester. Dissertation, Comprehensive Exam Passed Student has successfully passed comprehensive exam. Required enrollment is 6 hours with 3 hours of dissertation. Final semester Student is completing **final requirements** this semester. Enrollment may be below 6 hours. At least one course must be completed on campus at UTA. The I-20 will be shortened and a new form is issued. Administrative enrollment for purposes of graduating in absentia is not considered final semester enrollment. **Medical Waiver** Requires a letter written by physician or licensed clinical psychologist stating enrollment recommendation. Advisor's Name: Department: Phone Number / Extension:

Date Signed

Please return this form to the OIE once completed by your Academic Advisor.

Signature