

Reduced Enrollment Request Form For Students Completing Final Semester

To be completed by student

Name:	Stude	ent ID#:
Local address:		
Email:		Tel#:
Department:		Degree Level:
Completion date on current I-20 for	rm:	
register as for less than full time if that term. This option is available of graduation by the end of the currer. Please Note: Students who enrothe current term have very limited expected. If there is a strong character, please do not recomme	are in the final semester full time enrollment is ronly to students who want semester (Fall or Spoll less than full time ed options if they are lance that this student are duced enrole ase help the student	er of their program may be authorized to not needed to complete the course of study in ill graduate or complete all requirements for ring only). In order to complete the course of study in unable to complete the program as t will not finish his/her program this liment. This could jeopardize the student's to find additional credits so that he/she
Semester Requested: Fall 20	Spring 20	Intended number of credits:
	nend less than full-tin	final semester of the student's degree ne registration for this student during the
Signature:	te marner degree on.	Date [.]
Name and title:		
Campus Extension:		Email: