

REQUEST FOR AUTHORIZATION TO DROP BELOW FULLTIME ENROLLMENT

As an Exchange Visitor in the “Student” category, the individual should be pursuing a **fulltime course of study** (leading to the awarding of a U.S. tertiary degree) during each Fall and Spring semester. Permission to register for less than fulltime enrollment should rarely occur in a student’s career. Approval for a Reduced Course Load (RCL) may be granted on a case-by-case basis by the EWC Education Program if the supporting reasons for such action are well documented and consistent with current U.S. Department of State (DOS) regulations. **EWC approval must be granted in advance of a student registering for Reduced Course Load enrollment.**

Section A: To be Completed by Student

Scholarship Program:	Degree:	Field/Major:
Surname Name:	Given Name(s):	Email:
Anticipated Completion Date:	Semester of Reduced Course Load: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: 20_____ Number of Credits: _____	

Section B: To be Completed by Student’s UH Department Advisor or Academic Advisor

- Academic Difficulties:** (limited to one semester total w/at least ½ -time enrollment)
 - The student is having difficulty with English language /reading requirements (within 1st year of study)
 - The student is unfamiliar with American teaching methods (within 1st year of study)
 - The student has been placed in improper course level
- Completed all required coursework, but ineligible to enroll in 800 or 700 due to:** (limited to one semester total)
 - Preparing for comprehensive exams
 - Preparing dissertation proposal
 - Other (e.g. required pilot field research):
- Will enroll in 1 credit of 700 or 800**
- Graduate assistantship at UHM (6 credit registration minimum):** (documentation required from UH Department indicating .50 FTE or 20 hours/week schedule)
- Last semester (needs less than a fulltime course load to graduate this semester)**
- Medical/Illness** (limited to 12 months total and requires documentation from M.D. or licensed psychologist)

Signature of Department or Academic Advisor: _____

Print Name, Title & Department: _____

Email: _____ **Date:** _____

For EWC Office Use Only	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	_____
Date	Program Coordinator’s Signature
Comments: _____	
Date Received by Visa Office: _____ Reviewed by: _____ Completion Date: _____	
Visa’s Office Comments: _____	