

International Education Services

3116 Mitchell Building, College Park, MD 20742
www.international.umd.edu/ies



Part-Time Authorization Form

LAST NAME	FIRST NAME	TODAYS DATE (mm/dd/yyyy)
UID	EMAIL	PHONE

U.S. government regulations stipulate that all international students must enroll full-time. It is a violation of immigration regulations for students to drop below full-time status without prior approval from an international student advisor. The deadline to obtain approval from an IES advisor is the last day of the schedule adjustment (Drop/Add) period. An international student cannot drop below full-time for more than one semester (excluding vacation periods) in the course of their current academic program. The only exception is for illness, in which case authorization for part-time enrollment is limited to one year. The United States Citizenship and Immigration Services (USCIS) regulations state that international students may be authorized to drop below a full course of study for the following reasons only:

1. Illness or medical condition;
2. Initial difficulty with the English language (first semester only);
3. Initial difficulty with reading requirements (first semester only);
4. Unfamiliarity with American teaching methods (first semester only);
5. Improper course level placement;
6. Completing your intended program in the current term (you must also complete an EXIT PLAN FORM)

STUDENTS APPLYING FOR PART-TIME BECAUSE OF FINAL SEMESTER:

If you are applying for part-time authorization because you think you will complete your program in the current term, you must be certain that you will finish by the last day of the semester. If you do not complete your program, even if the IES Office has authorized you, you will be in violation of your immigration status. If there are doubts, IES recommends that you enroll in a full course of study.

I understand that if I am approved for part time authorization for completing a course of study that I will be in violation of my immigration status if I am not done by the final day of this semester.

STUDENT'S SIGNATURE

TO BE COMPLETED BY ACADEMIC ADVISOR

The student must attach a letter of support from her/his academic advisor. This letter must succinctly expand on the reason (one of the 6 above) for requesting part-time authorization. In the case of an illness or medical condition, the student must submit a letter from a physician or medical professional instead of an academic advisor's letter.

PART-TIME TERM	RECOMENDED NUMBER OF CREDIT HOURS	ANTICIPATED GRADUATION DATE
ADVISOR'S NAME	ADVISOR'S SIGNATURE	DATE
EMAIL	PHONE	