SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES
Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

Reduced Course Load Authorization Request due to Completion of Degree (Last Semester)

All international students must maintain full-time status in order to stay in compliance. The Department of Homeland Security allows undergraduate and graduate students to be enrolled in less than full-time credit hours during the last semester of their program if only those credit hours for which the student enrolls are needed for completion of program. All Reduced Course Loads must be authorized by the Designated School Official prior to reducing full-time enrollment. See Code of Federal Regulations [8 CFR 214.2 (f)(6)(i)(A)] for F-1 students. For J-1 students code 22 CFR 62.23(e) applies

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date

Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
If so, please update your information in Access immediately.

I understand that I can only drop below full-time hours AFTER approval from ISSS Office.
I understand I am responsible for making sure I am enrolled according to the hours required by my program.
I understand that I must check with other offices at SMU in order to stay in good standing with university.

TO BE COMPLETED BY ACADEMIC ADVISOR OR DEPARTMENT CHAIR (indicate courses student is enrolled in)		
COURSE TITLE	COURSE NUMBER	COURSE HOURS
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"I verify that the above named student has completed all formal course work and is currently completing their last semester towards completion of program. This is reflected in the student's registering for the above listed course(s)"		
PRINT NAME	EMAIL	PHONE
SIGNATURE	SEMESTER	ACADEMIC YEAR

Please speak with the following departments concerning your reduced course load and how this might affect your status at the university.

- □ Student Financial Services/Bursar's Office
- □ University Registrar
- □ Department/School
- □ Health Center

By signing below, I affirm that I understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name:_____ Signature:_____ Date:___/___/___

International Services Specialist:	Signature	Date