

Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

## Reduced Course Load Authorization Request due to Teaching/Research Assistant

All international students must maintain full-time status in order to stay in compliance. "Students who are assigned teaching or research responsibilities pursuant to the terms of a scholarship or fellowship may carry a reduced course load. For example, a student enrolled in a master's program [may be] normally required to carry 9 semester hours [to be classified as full time]. However, it is a common practice among, educational institutions to restrict students awarded teaching or research assistantships to 6 semester hours." **Authorization by submission of this form to the ISSS Office must be obtained prior to the student reducing their course load.** See [Supplemental Information to 8 CFR 214, Federal Register, 29 October 1991, pp. 55609-10] for F-1 students. Updated to Fs in 8 CFR 214.2 (f) (6) (i) (H). For J-1 students code 22 CFR 62.33(e) applies.

First/Middle Name

**BIOGRAPHICAL DATA (To be completed by the student)** 

Family Name

SEVIS ID Number	SMU II	O Number
Current Degree	Curren	t Program Completion Date
Has any of your personal information ch	anged (U.S. address, phone r	number, etc.)? □ Yes □ No
If so, please update your information in	Access immediately.	
□ I understand that I can only drop		• •
•	_	according to the hours required by my program.
I understand that I must check v	with other offices at Sivio in or	der to stay in good standing with university.
TO BE COMPLETED BY ACADEM	IC ADVISOR OR DEPART	MENT CHAIR (indicate courses student is
enrolled in)		(
COURSE TITLE	COURSE NUMBER	COURSE HOURS
COURSE TITLE	COURSE NUMBER	COURSE HOURS
"I verify that the above named is e	enrolled in the same num	ber of credit hours required for ALL
students engaged in teaching/res	earch assistantship dutie	s. The student is considered to be in full-
time status in my department.		
<ul> <li>Teaching Assistant</li> </ul>		Research Assistant
PRINT NAME	EMAIL	PHONE
	EMAIL SEMESTER	_
PRINT NAME SIGNATURE	SEMESTER	PHONE
PRINT NAME SIGNATURE	SEMESTER	PHONE ACADEMIC YEAR
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.	SEMESTER artments concerning your re	PHONE ACADEMIC YEAR
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.   Student Financial Services/Bursa	SEMESTER artments concerning your re	PHONE ACADEMIC YEAR
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar	SEMESTER artments concerning your re	PHONE ACADEMIC YEAR
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar Department/School	SEMESTER artments concerning your re	PHONE ACADEMIC YEAR
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar Department/School Health Center	SEMESTER artments concerning your re ar's Office	PHONE ACADEMIC YEAR educed course load and how this might affect
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar Department/School Health Center By signing below, I affirm that I university	SEMESTER artments concerning your rear's Office	PHONE ACADEMIC YEAR educed course load and how this might affect  ees of my request. If I have any questions, I will
PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar Department/School Health Center	SEMESTER artments concerning your rear's Office	PHONE ACADEMIC YEAR educed course load and how this might affect  ees of my request. If I have any questions, I will
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PRINT NAME SIGNATURE Please speak with the following depayour status at the university.  Student Financial Services/Bursa University Registrar Department/School Health Center By signing below, I affirm that I was contact an ISSS International Services	SEMESTER artments concerning your re ar's Office anderstand the consequence	PHONE ACADEMIC YEAR educed course load and how this might affect  ees of my request. If I have any questions, I will ely.