

Part-Time Authorization Form

U.S. government regulations stipulate that all international students must enroll full-time. It is a violation of USCIS regulations for students to drop below full-time status without prior approval from the International Student Coordinator. **The deadline to obtain approval from the International Student Coordinator is two days before the schedule adjustment.** ("Drop/Add") period.

To be completed by the STUDENT requesting authorization:

Student name (Last name, First name): _____

MTC ID#: _____

E-mail address: _____

Phone number: _____

Semester and year for which student is requesting part-time authorization:

Fall 20____ Spring 20____

Program of study: _____

Department _____

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:

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 a Course of study in the Current Term. **(You must be certain that you will complete course of study in the current term. If doubt exists, the International Student Coordinator recommends a full course of study.)**
7. Part Time Border Commuter Student.

USCIS regulations do not provide for any other exception to the full course of study requirement.

In addition, an F-1 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 (#1 above) in which case authorization for part-time enrollment may not exceed one year.*

To be completed by the student's ACADEMIC ADVISOR:

The student must attach a **letter of support** from her/his academic advisor. This letter must detail which of the six reasons listed above is compelling the student to register on a part-time basis. In the case of an illness or medical condition, the student must submit a letter from a physician or medical professional in addition to the academic advisor's letter.

Recommended number of credit hours: _____ Anticipated graduation date: _____

Advisor's name: _____ Advisor's signature: _____

Advisor's e-mail: _____ Phone: _____ Date: _____

Approved by IES ADVISOR: _____ Date: _____

Physician's Name: _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Physician's explanation as to why the student qualifies for reduced course load (rcl).

Please attach a letter of explanation.

Please return this form to

Midlands Technical College

International Student Coordinator

P.O. Box 2408

Columbia, SC 29202

PH: 803.738.7811 Fax: 803.790.7515 or 790-7584

international@midlandstech.edu

USCIS regulations may change. Please stay in touch with the International Student Coordinator.