

CERTIFICATION OF FULL COURSE OF STUDY FORM

As a non-immigrant student in the United States, I understand that it is **MY RESPONSIBILITY** to maintain my student status for INS purposes. I understand that in order to maintain my F-1/J-1 student status, I must: "attend school full-time; i.e., pursue a full-course-of study at the school that I am authorized by INS to attend as indicated on my 1-20 or DS-2019; make satisfactory progress toward completion of my academic program as indicated on my 1-20 or DS-2019, complete the academic program noted on my 1-20 in a timely manner; limit authorized employment to NOT MORE than twenty (20) hours per week on campus, unless otherwise authorized by the FAMU Office of International Education and Development and the INS in writing; keep my passport and all other immigration documents current; and report all changes of address to INS according to INS regulations". I understand that failing to complete the process of maintaining a full course of study in an appropriate, accurate and timely manner will result in my being out-of-status. If I fail to maintain my F-1/J-1 student status, I understand that I WILL NOT be eligible for INS benefits such as: (1) on-campus employment (including assistantships), (2) change of level and/or program, (3) program extensions, (4) curricular/optional practical training (CPT/OPT for F program) or academic training (1), or (5) transfer to another school. Furthermore I acknowledge that I will be required to apply for reinstatement if I am not in an approved full course of study.

I understand that this form is required for every semester a student may wish to drop below full time enrollment. I understand that approval of this form for the specified semester does not constitute approval for prior terms for which no forms were completed. By signing below I acknowledge having read and understood the information above:

My Student ID Number is \_\_\_\_\_ My Email address is \_\_\_\_\_

(Student's Signature - Required) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ PRINTED NAME \_\_\_\_\_

This request is for the  Fall,  Spring,  Summer (check only ONE) semester, \_\_\_\_\_ (year) (Student Name) \_\_\_\_\_ is an F-1/J-1 student (FAMU Student ID# \_\_\_\_\_) studying in the Department of \_\_\_\_\_. Although she/he is not enrolled as a full time student (9 hours for a graduate student or 12 hours for an undergraduate student), we consider him/her to be in good standing and making satisfactory progress towards a  Bachelors,  Masters,  PhD.,  Other (Current Degree Objective) with an anticipated completion date of (M/D/Y) \_\_\_\_\_. If current "objective" is a Masters or PhD degree, check one:  Thesis/Diss. or  Non-Thesis/Diss.D.

**I hereby request that the student be certified for full course of study under the following:**

1.  **Exchange Program** – J1 student or scholar participating in a FAMU hosted inter-institutional exchange program with \_\_\_\_\_ University in (city, country) \_\_\_\_\_.
2.  FAMU OIED **special enrollment authorization** or  **concurrent enrollment** at another institution as approved by FAMU academic units and OIED, requires prior written approvals. (Strong restrictions apply. Contact the OIED Director of International Students and Scholars Services for details)
3.  **Graduate students only:** Student has completed all the plan of study course work (*attach copy of plan of study*) or all available required course work and is engaged in full-time research towards completion of his/her thesis or dissertation. The student is requesting authorization to drop below full time status by enrolling in at least 1 semester credit hour (or the minimum as required by the college and/or department, or program) of Thesis, Dissertation or research credit or appropriate alternative as described in the **ATTACHED** document and as recommended by the graduate advisor and departmental chair. **NOTE:** Students may use this exemption for no more than four semesters (Master's) or six semesters (PhD), any exceptions to this rule will require authorization by the Dean of the Graduate School.  I am requesting authorization to only be enrolled in \_\_\_ semester credit hours.
4.  Student is/will be on  Part Time,  Full Time -  **CURRICULAR PRACTICAL TRAINING (CPT)** or  **ACADEMIC TRAINING (AT)** approved by OIED/INS and recommended by his/her Academic Advisor. Part time AT/CPT REQUIRES part time enrollment, full time CPT REQUIRES enrollment for internship or similar credit (student will be enrolled in course number - for CPT credit). Work may not begin prior to authorization by the Office of International Education and the INS/DOS. Work is specific to location and duration and must be authorized in writing in advance.
5.  Student is/will be on **OPTIONAL PRACTICAL TRAINING** -  PRE-COMPLETION (completed ALL required course work with the exception of thesis or dissertation, will only return to complete research following OPT completion) or  POST COMPLETION (following graduation) recommended and approved by my Academic Advisor/Department, recommended by the Office of International Education and approved by the INS. Work may NOT begin until EAD (Employment Authorization Document) card is received from the INS.

This request is for  FALL,  SPRING,  SUMMER Semester, \_\_\_\_\_ (year). **(NOTE: A new form must be on file for each semester). This student will carry \_\_\_\_\_ semester credit hours for the term requested,**

Academic Advisor's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ PRINTED NAME \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Department Chairperson's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ PRINTED NAME \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date Received in OIED \_\_\_/\_\_\_/\_\_\_ Date Approved \_\_\_/\_\_\_/\_\_\_ Signature of OIED International Student Advisor \_\_\_\_\_