



Office of International Programs, 400 South Orange Avenue, President's Hall Rm. 9, South Orange, NJ 07079
 Tel: 973.761.9072; Fax: 973.275.2383; oip@shu.edu

PART-TIME ENROLLMENT FORM

International students in F-1 and J-1 status are **required** to maintain full time enrollment during the fall and spring semesters: 12 credits for undergraduate students; 9 credits for graduate students. **Keep in mind that you must be making normal progress toward the completion of your degree program.** This office must approval this form before the end of add/drop.

THIS SECTION IS TO BE FILLED OUT BY THE STUDENT

ID Number: _____ - _____

Student First Name: _____ Last Name: _____

Phone: _____ Email: _____

STUDENTS AND ADVISORS, PLEASE NOTE

According to SEVIS, students can only use reasons 1 through 4 **once per degree**. 1 through 4 can only be used in the first semester and the student must still take 6 credits. Options 5 and 6 can be used at any time, even if student used any other option previously and the student can take any number of credits (for option 6 the student can even take zero credits). Option 7 can be used anytime and can be used until the completion of the dissertation.

THIS SECTION IS TO BE COMPLETED BY THE ACADEMIC/ADVISOR

Student will take _____ credits for _____ semester 20____. Please select one of the following part-time reasons:

Options 1-3 can only be used in the 1st semester of 1st degree program

- 1. Initial difficulty with reading requirements
- 2. Initial difficulty with English language
- 3. Unfamiliarity with American teaching methods

Option 4 can only be used in the 1st semester and once per degree level

- 4. Improper course level placement – student was placed in the wrong course level

Options 5 and 6 can be used at any time and even if options 1-4 have been used.

Option 7 should only be used after the student has completed all coursework.

- 5. Last semester exemption (student must graduate this semester)
- 6. Medical condition that prevents full time study (student **must** obtain a note from a medical doctor, healthcare professional, or counselor and submit it to OIP). **This reason has a 12-month limit.** Advisor must confirm student can return as a full time (except for last semester), fully matriculated student. Student will be allowed to return as full time student on: ____/____/____.
- 7. If student is researching or defending their dissertation, please approximate the completion date here: ____/____/____.

Academic Advisor Information

Printed name:	Ext.:
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Name of Department: _____

Signature:	Date:
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For OIP Use:

Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Student to be full time by:	
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PDSO/DSO signature:	Initials:
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***Reminder for student's that are part time at Seton Hall University:**

1. You will not be automatically enrolled in the gym membership. Must purchase a gym membership if you wish to have access to the gym.
2. You will not be automatically enrolled for medical insurance. If you are in your last semester only, you can purchase medical insurance.