Office of International Student Services | La Sierra University | 4500 Riverwalk Pkwy, Riverside, CA 92505
951.785.2237 | 951.785.2919 fax | oiss@lasierra.edu | www.lasierra.edu/international

UNDER ENROLLMENT FORM

The US Citizenship and Immigration Services (USCIS) regulations require non-immigrant students to enroll full time during the academic year (Fall, Winter, Spring, and at times, Summer quarters). Full-time is defined as 12 credit units for undergraduate students and 8 units for graduate.

Under-enrollment is permissible only for limited academic or medical reasons. Students can only be under-enrolled one quarter per academic level (i.e., bachelors, masters, doctorate). Only students with verifiable medical reasons can be under-enrolled for up to 12 months. This form must be completed by the student's academic advisor for verification of valid reasons of under-enrollment.

❶ **Academic Advisor**: Please mark the statement that reflects your advisee's situation. Sign, date, and return this form to the Office of International Student Services, AD 206.

I verify that:

_____	_____	_____	_____ is
ID #	Last Name	First Name	Middle

planning to be under-enrolled for ❑ Fall ❑ Winter ❑ Spring ❑ Summer/200__, and that the
: Quarter Year
student is

_____1. Under-enrolling due to illness or medical condition (Must provide a doctor's letter, on hospital letterhead, providing details as to why student cannot be enrolled in classes).

_____2. Under-enrolling due to initial improper course level placement (Can only be used the *first quarter* student is enrolled at LSU).

_____3. Under-enrolling due to initial difficulty with reading requirements (Can only be used the *first quarter* student is enrolled at LSU).

_____4. Under-enrolling due to initial difficulty with the English language (Can only be used the *first quarter* student is enrolled at LSU).

_____5. Under-enrolling due to initial unfamiliarity with American teaching methods (Can only be used the *first quarter* student is enrolled at LSU).

_____6. Under-enrolling to complete course of study in current term. Current Term: _____

❷ Academic Advisor/Major Professor

I understand that by signing this form I am verifying my advisee's situation. I have corroborated this situation with appropriate medical/academic entities. I understand that my signature does not grant the under-enrollment. My advisee will need to consult with the Office of International Student Services and receive permission from the DSO prior to dropping below government enrollment requirements.

_____

Advisor's Signature Print Name Phone Date

Advisor's Comments:_____

_____

❸ Student Certification

I confirm that the above information is true and understand that I am required to continue the International Student Health Insurance Program when I am under-enrolled.

_____ _____

Signature of Student Name (print) Date

_____ _____

Current Address Current Phone #

_____ _____

Academic Major Degree Expected Completion Date

❹ Office of International Student Services Certification:

International Student Advisor Approval: ❑ Approved ❑ Denied

_____

OISS Advisor's Name Date

Comments:

_____

_____

_____