



# LETOURNEAU UNIVERSITY OFFICE OF INTERNATIONAL STUDIES

Biographical Data: (To be completed by the Student)		
Family Name:	First and Middle Name:	Birth Date:
LETU Student ID:	E-mail:	
Current degree level:	Current Major:	Expected Completion Date:

Reason for Exemption from full time enrollment: (To be completed by Academic Advisor)
Semester: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__
<b>Type 1: Academic Reasons</b> (Allowed only ONCE. Must maintain at least 6 credit hours)
<input type="checkbox"/> Initial difficulties with English Language or initial difficulties with reading requirements. <input type="checkbox"/> Unfamiliarity with American teaching methods. <input type="checkbox"/> Improper Course Level Placement: (Advisor must provide rationale. Note: Failing a course is not a reason in itself to drop a course). Reason why this course is improper: _____ _____
Course(s) to be dropped: Course Number _____ Course Title _____
<b>Type 2: Final Semester</b>
<input type="checkbox"/> Student is completing ALL degree requirements this semester
<b>Type 3: Medical</b> (Academic Advisor signature not necessary)
<input type="checkbox"/> Medical Condition * Submit medical documentation signed by your licensed medical doctor, licensed doctor of osteopathy , or licensed clinical psychologist. Immigration will not accept letters signed by nurses, nurse practitioners, or physician's assistants * Letter must state credit hours recommended for the current semester.

Approvals: (By signing this form, you are recommending that the student be approved for less than full time enrollment)	
Academic Advisor - Name and Title:	Email:
Approval Signature:	Date:

I have fully completed the above information and understand the regulations regarding this process:  
 If I have any questions, I will consult with my DSO.

Student Signature:	Date:
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