To be completed by the student:

This waiver is for:  ○ Fall ☐ Spring ☐ Summer ☐

Student Name ___________________________ UT ID # ___________________________

Email ___________________________ Phone ___________________________

Are you a GRA or a GTA:  ○ Yes ☐ No

Note: Permission of Graduate Dean required if student holding GRA/GTA is enrolled below 9 hours.

Please read the following statements and initial:

I must obtain permission from OIE before dropping below full time enrollment hours.

I am only allowed to drop one course per degree level for any academic reason (see page 2 for acceptable reasons).

If approved, I must remain in a minimum of 6 credit hours. (Rare exceptions allowed for final semester and medical waivers).

I may only drop the course(s) which have been reviewed and approved by the OIE advisor.

I have read the information above and understand that I must obtain the permission from OIE before I drop any course. If I have any questions, I should speak to one of the OIE Advisors before I make any decision.

Student Signature ___________________________ Date ___________________________

TO REQUEST A COPY OF THIS FORM ONCE SIGNED AND APPROVED BY THE OIE, CHECK THIS BOX: ☐

Your request will be ready for pick-up, after 3:30 p.m., 7 to 10 business days after you place your request.

To be completed by Office of International Education:

This waiver is:  ○ Approved ☐ Denied for _______ semester only.

Credit hours required for this semester: ____________

Name/Title of DSO ___________________________

The approval/denial reason: ___________________________

The student has had previous waivers:  ○ No ☐ Yes. If Yes, Semester(s): ____________

Reason(s): ___________________________

DSO Signature ___________________________ Date Signed ___________________________

Actions:  □ Recorded in PS □ Emailed □ Copied

With few exceptions, you are entitled on your request to be informed about the information U.T. Arlington collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Arlington correct information about you that is held by us and is incorrect. Be assured that your UTA records are protected from unauthorized disclosure by federal law.
To be completed by the Academic Advisor / Course Professor ONLY:

Please contact the OIE if you have any questions while filling out this form:

This waiver is for:  ○ Fall  ○ Spring  ○ Summer

Student Name ___________________________  UT ID # ___________________________

* Required courses for given semester: ____________________________________________

Estimated date of completion of degree requirements: ____________________________

Please check one of the acceptable reasons for a Full-time Enrollment Waiver for this student per Immigration Regulations [8 C.F 214.2 (f)(6) (iii)] listed below:

Academic Reasons: (Check one of the following :)

Initial Difficulties: (Only in the first semester at a US institution. Required enrollment for graduate students is 6 hours and 9 hours for undergraduates. Check only one option below.)

☐ English Language  ☐ American teaching methods  ☐ Reading Requirements

☐ Improper course level placement: (Required enrollment for graduate students is 6 hours and 9 hours for undergraduates) Please explain how this student was registered for this course inappropriately: (If needed, attach a separate page)

☐ Thesis, Project or Dissertation only

Student has completed all other requirements for degree. Required enrollment is 6 hours and student must reapply for a waiver each additional semester.

☐ Dissertation, Comprehensive Exam Passed

Student has successfully passed comprehensive exam. Required enrollment is 6 hours with 3 hours of dissertation.

☐ Final semester

Student is completing final requirements this semester. Enrollment may be below 6 hours. At least one course must be completed on campus at UTA. The I-20 will be shortened and a new form is issued.

Administrative enrollment for purposes of graduating in absentia is not considered final semester enrollment.

☐ Medical Waiver

Requires a letter written by physician or licensed clinical psychologist stating enrollment recommendation.

Advisor’s Name: ___________________________  Department: ___________________________

Phone Number / Extension: ___________________________  Email: ___________________________

Signature ___________________________________________  Date Signed ____________________

Please return this form to the OIE once completed by your Academic Advisor.