



Online Course Waiver Request

To comply by SEVIS regulations, students should register for **no more than 1 online class (3 credit hours) toward their full-time course load**. Undergraduate students require 12 credit hours for full time status; Graduate students require 9 credit hours. This request form is for students who must take more than one online class to meet their full-time requirement due to special circumstances.

SECTION I: TO BE COMPLETED BY THE STUDENT

Full Name (Last, Middle, First):	
Lewis ID Number:	SEVIS ID Number:
<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral/PhD	Program/ Major:
Semester for which exception is requested: <input type="checkbox"/> Spring <input type="checkbox"/> Fall Year:	

DEADLINE OF SUBMISSION:

Undergraduates: End of the first week of semester

Graduates: End of the first week of 2nd session

Check one of the following, which should be accompanied by the requested supporting documents to be considered.

Annual vacation. Indicate semester for which exception is requested: _____ (Only applicable if the student already completed one full time semester in the United States if the summer semester is requested, or has completed two concurrent full-time semesters for any other semester to be designated as the vacation semester.) All requests must be accompanied by a current transcript(s).

Medical reason. Requests for exceptions based on medical reasons must be accompanied by medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist including diagnosis, treatment, statement indicating why student is unable to enroll full time, specific dates between which student cannot attend courses, and prognosis (anticipated duration). If you will not be attending ANY courses, an additional detailed documentation is required.

No other on-campus courses were available. Explain: _____

Graduate Student engaged in thesis or dissertation research. Attach a copy of your complete transcript (s). Anticipated date thesis will be completed: _____

STUDENT SIGNATURE:	DATE SIGNED:
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SECTION II: TO BE COMPLETED BY THE ACADEMIC ADVISOR:

I have reviewed and recommend the above request. I certify that the information provided on this form is accurate in conformance with applicable departmental, **college, and university policies, and is in the best interest of the student's** successful academic progress.

I do or I do NOT concur that a valid academic reason as indicated above exists and that the student should be granted an exception from the on campus minimum course requirement.

Explanation & comments: _____

Advisor signature:	Date:
Advisor name:	Title:
Department:	Extension:

Return this signed form to: International Student and Global Scholar Services Office. Email: ISGSS@LEWISU.EDU