

The University of Arizona
FULL-TIME ENROLLMENT EXEMPTION FORM

A. To be completed by student:

Student's Name: _____ SID: _____
Print: First Middle Last

E-mail: _____ Tel: _____

Sponsored Student: Yes No

Undergraduate International Student Scholarship Program Recipient: Yes No

Note: Exemptions for last semester of enrollment require:

1. Form to be submitted prior to beginning of semester
2. Student must graduate at end of semester or he/she may jeopardize their immigration status



B. To be completed by Academic Advisor:

Degree program: Bachelor's Master's Doctorate

Semester requesting full-time exemption: _____

Number of units enrolled or will enroll for exempted semester above: _____

The student is expected to graduate on: _____
Date

Reason for exemption: (failing a course or poor grades are not reasons for exemption)

Academic Advisor (Print Name)

Signature

College/Department

Phone No.

Date

C. PLEASE RETURN FORM TO INTERNATIONAL CENTER, 915 N. TYNDALL AVE.

FOR ISPS USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Date	_____ ISA initials
Comments: _____	

