Full Course Load Certification
Graduate Students Only

Student ____________________________

Family/Last Name

First Name

WSU ID# ____________________________

Term: □ fall 20___ □ summer 20___ □ spring 20___

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CAUTION: Do not drop below the number of hours authorized by F-1 regulations as minimum full-time enrollment. The University is required by law to terminate the SEVIS record of any student who does. It is expensive to get this violation fixed. Check with an international adviser before you drop any class if you are uncertain about your enrollment or your status.

Student’s Signature ____________________________ Date __________

(signifies agreement with conditions specified above)

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TO BE COMPLETED BY ACADEMIC/FACULTY ADVISER:

Student will enroll in ________ hours and is considered to be a full-time student for the following reason:

(NOTE: If more than one reason applies, choose the one with the lowest credit hour requirement.)

□ Preparing for comprehensive/exit examination (student must enroll in a minimum of one credit hour)

□ Carrying out duties as graduate assistant (assistantship must total 20 hrs/wk, student must enroll in a minimum of six credit hours for fall/spring semesters, three credit hours for summer term if student’s first semester at WSU)

□ Conducting research or thesis/dissertation/project (student must enroll in a minimum of one credit hr)

□ Other courses on plan of study are not offered (student must enroll in a minimum of one credit hour)

□ Coursework-only student in second-to-final semester of program of study (student must enroll in a minimum of six credit hours)

□ Student in final semester of program of study; will be completing coursework by end of current semester (student must enroll in a minimum of one credit hour)

Academic/Faculty Adviser’s Signature ____________________________

Academic/Faculty Adviser’s Name ____________________________

Date __________ Title ____________________________

Department ____________________________ Phone __________

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Signature of DSO ____________________________ Date __________