

Missouri State University

EXCEPTION FROM FULL COURSE OF STUDY FOR STUDENT EMPLOYEES

TO BE COMPLETED BY THE STUDENT:

NAME (print): _____ M# _____
(First Name) (Last Name)

CIRCLE APPLICABLE SEMESTER: FALL SPRING SUMMER YEAR: _____

CHECK REASON YOU ARE REQUESTING REDUCED COURSE OF STUDY ENROLLMENT:

- ____ 1. Final semester. Less than a full course load needed to graduate.
- ____ 2. Physician recommends reduced course load or no enrollment for the semester due to medical reasons.
(Attach written statement from physician). Statement must pertain to student, not a relative.

SIGNATURE OF STUDENT: _____ DATE: _____

US CITIZENS - TO BE COMPLETED BY THE ACADEMIC ADVISOR:

- **Enrolled in less than 6 credit hours**

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.

NAME (print): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

INTERNATIONAL STUDENTS - TO BE COMPLETED BY THE INTERNATIONAL SERVICES OFFICE:

Jim D. Morris Center, 301 S. Jefferson Ave.

- **Enrolled in less than 12 credit hours for undergraduate or less than 9 credit hours for graduate**

Are you an international student in F1 or J1 immigration status? Yes No

The above student has submitted a request for authorization to be enrolled in less than full-time status and has been approved. For immigration purposes, this student is maintaining their immigration status and eligible to work on-campus.

NAME (print): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

**Return completed form to:
Student Employment Services
Blair Shannon 113 or email to StudentEmployment@MissouriState.edu
417-836-5627**