



Online Course Enrollment Request Form

International students are required to be enrolled in a full course load each Fall and Spring Semester as follows: **12 hours for Undergraduates, 9 hours for Graduate students, and 6 hours for Doctoral students.** **Online enrollment is limited to only 3 credit hours a semester** counting toward fulltime immigration requirement for the Fall and Spring academic term. (Summer online enrollment is not limited unless the Summer term is your first or last semester at UIW) **Enrollment in an online course must be verified by your Academic Advisor & then approved by our office before you are authorized to enroll.**

To be completed by Student: (COMPLETE EACH CHECKBOX)

- Update any change in your local address and phone number in Banner Web.
- Clear all business and transcript holds from your student account as your request will not be processed if you have a hold.

Current degree level (circle one): **BACHELOR MASTERS DOCTORATE**

Have you requested to take online classes in the current semester or previous semester? __ Yes __ No

If yes, please list the semester(s) and year(s) _____

Student ID# _____ Name _____ Phone _____

I understand that my online enrollment must be a degree requirement to count toward the F-1 full-time enrollment requirements. I understand that my online enrollment permission is granted for only one semester at a time.

Student signature _____ Date _____

To be completed by Academic Advisor or Department Head ONLY:

The student above wishes enroll in _____ hours of online course for the _____ semester and will be enrolled in a total of _____ hours for the semester. I approve the courses listed below: (include CRN and title)

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Reason online course enrollment: _____

- I certify the online course is a degree requirement and will count toward the completion of the student's degree and will not cause delay in graduation.
- I certify the online course is not the ONLY course taken in the student's first or last semester of study.
- I certify the online class is a UIW Main Campus course and not an ADCaP or UIW Virtual University course.

Advisor Name: _____ Signature _____ Date _____

To be completed by ISSS Office ONLY:

Hrs Currently Enrolled _____ Hrs Enrolled Next Term _____ Maintain Full-Time: Y/N Sponsored Y/N Business hold: Y/N
ONLINE ENROLLMENT APPROVED: YES NO **UG-** cc Moises and/or Advisor **GR-** cc Registrar (student must pick up original form)

UIW ISSS Advisor Name _____ Signature _____ Date _____