



FULL-TIME EQUIVALENCY (FTE) REQUEST

(For International **GRADUATE** students in F-1 visa status only)

This form is to be used by International graduate students in F-1 student visa status who are enrolled in less than 8 units but are engaged in **full time study** on Culminating Experience. This signed request form must be submitted to the OIP front desk by the last day of "Adding Classes with Permission Numbers" posted on the Registrar's website.

STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)								
Last Name:			First Name:					
SF State Student ID:			SEVIS ID:					
Phone:			SF State E-mail:			@mail.sfsu.edu		
Major:			2 nd Major:					
Semester of requested FTE:		<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	Year	I-20 Expiration date:	Month	Day	Year
<p>I am requesting my academic load to be considered a full time enrollment for immigration purpose. I understand that I must have SF State sponsored health insurance while working on the Culminating Experience, including the grace semester.</p>								
Student's Signature:				Date:				
ACADEMIC INFORMATION (TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR).								
<p><i>*ATTENTION: Do not complete this form if student is not expected to work full-time next semester. Complete Reduced Course Load due to Completion of Study instead.</i></p>								
<input type="checkbox"/>	The above student has course(s) remaining and will enroll in a Culminating Experience course in the same semester. S/he will enroll in the remaining <input type="text"/> units at SF State and is expected to work full-time on completing the Culminating Experience in the semester indicated above.							
<input type="checkbox"/>	The above student has already completed all required coursework, received an RP grade for the Culminating Experience course, and is in the grace semester. S/he is expected to work full-time on completing the Culminating Experience in the semester indicated above.							
<input type="checkbox"/>	The above student has completed the Culminating Experiences course as of today.							
<input type="checkbox"/>	The above student has not make normal academic progress due to non-academic reasons.							
Which semester is the student expected to graduate from SF State?				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	Year	
<p>I certify that I have reviewed the above student's academic record and further certify that all information in the Academic Information section is accurate in conformance with applicable Departmental, College and University policies, and is in the best interest of the student's successful academic progress.</p>								
Advisor's Signature:								
Advisor's Name: (Print)			Department:					
Phone:			Date:					
OIP USE ONLY								
<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete <input type="checkbox"/> Denied			By:		Date:			
Note:								