



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W Campbell Road MC 36, Richardson, Texas 75080-3021
(972) 883-4189 FAX (972) 883-4010

With few exceptions, you are entitled on your request to be informed about the information U.T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Dallas correct information about you that is held by us and is incorrect.

Your Social Security Number (SSN) or UTD Identification number is being requested because it is a unique identification number which is maintained for the purpose of verifying student identification. The disclosure of such information is voluntary. Disclosure of your Social Security number or UTD Identification number will be governed by the Public Information Act (Chapter 552 of the Texas Govt Code).

REQUEST FOR REDUCED ENROLLMENT

Due to course completion or graduation*

THIS FORM IS NOT REQUIRED IF YOU HAVE APPLIED FOR GRADUATION

*Note: **You must enroll in a minimum of 1 credit hour while reducing your enrollment.** If you have any doubt of course completion or graduation, do not reduce enrollment as it could affect your immigration status and eligibility for Optional Practical Training

To be completed by student:

| | |
|--|----------------------|
| First Name: _____ | Last Name: _____ |
| ID #: _____ | Phone: _____ |
| Street Address: _____ | |
| E-mail Address: _____ | Date of Birth: _____ |
| Semester of reduced enrollment with UT Dallas: _____ | |
| I verify that I will complete my coursework requirements for the degree listed on my I20 at the end of the above semester. The required courses are listed below. I verify that the information on this form is true to the best of my knowledge. I am aware that I may need to consult with other offices on campus to ensure that reducing enrollment will not affect my status. For example: Residential Life (if residing in Waterview Park), Academic Dept./Graduate Dean (if a TA/RA). | |
| Student signature: _____ | Date: _____ |

To be completed by Academic Advisor:

| |
|--|
| Graduating Term: _____ |
| Degree level: _____ |
| Degree program: _____ |
| Coursework required to complete degree program: |
| Course name: _____ |
| Course number: _____ |
| Is the student currently registered in the above courses? Yes No |
| Comments: _____ |
| _____ |
| I verify that, by completing the above courses, the student: |
| _____ will graduate at the end of the semester listed |
| _____ will meet the minimum coursework requirements for the degree listed |
| I endorse and recommend that the above student be given permission to register for less than full time is based on the above reason. |
| Academic department: _____ |
| Academic Advisor name (print): _____ Phone: _____ |
| Academic Advisor signature: _____ Date: _____ |

Process: Obtain signature of your Academic Advisor.
Submit signed form to your International Student Advisor in the UTD ISS Office.