Federal regulations require that F-1 students register for and complete a full course of study, three credits, during each academic term. Exceptions to fulltime enrollment are limited by regulations to the following specific academic difficulties.

- Initial difficulties with the English language
- Initial difficulties with reading requirements
- Unfamiliarity with American teaching methods
- Improper course level placement

Student: You must receive approval from the ISA BEFORE dropping the noted class. You must still be enrolled half-time – 1.5 credits.

Please note: You must enroll full-time next term and cannot be granted additional RCL for academic reasons during your program.

Student information and request:

Name: __________________________ ID number: ____________ Email: __________________________

School Term for which waiver of fulltime enrollment requested: __________________________

First term enrolled at Pomona College: ________________ Expected date of graduation: ________________

Dear Professor or Advisor:
I request permission to drop this class which will put me below the legally required number of credits for my program

Class being dropped (number and name): __________________________

Reason for dropping: (These are the only reasons permitted by federal regulations)

☐ Initial difficulties with the English language (First or second term only)
☐ Initial difficulties with reading requirements (First or second term only)
☐ Unfamiliarity with American teaching methods
☐ Improper course level placement

Explanation: ____________________________________________

__________________________________________________________

Student’s signature: __________________________ Date: __________________________

To the Academic Advisor or Professor:

This student is requesting to drop the course shown above due to academic difficulties as noted. If you in agreement with the student’s problem and concur with the student’s explanation of the situation, please sign in the space provided.

Your concurrence will allow this student to be considered to be in compliance with Immigration regulations.

☐ I am in agreement with this assessment ☐ I am not in agreement with this assessment

Signature __________________________ Date __________________________

Name (printed) __________________________ Department/Title __________________________

Comment: ____________________________________________

__________________________________________________________

Please forward this form (either electronically or campus mail) to the Dean of the College for further action. Thank you.

International Student Services, iss@pomona.edu, (909) 607-3719