



Full Time Equivalency Request Form

This form is to be used by graduate students to request a certificate of full time equivalency from the U-M International Center. You must meet with an International Student Advisor to submit this request. When your request is ready, call 734.647.0658 to arrange a meeting with an advisor.

LAST NAME	FIRST NAME	MIDDLE NAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER of DEPENDENTS	UNIQUENAME
TELEPHONE	DELIVERY METHOD <input type="checkbox"/> PICK-UP <input type="checkbox"/> SHIP (See " SHIPPING OPTIONS ")	SEVIS ID # N	

Important notes. Please read.

- Graduate students may request FTE when they are engaged in full time study on prelim/qualifying exams, clinical work, thesis, or dissertation proposal without being registered full time.
- Full time is 8 credits for graduate students or 6 credits for graduate students with GSI/GSRA/GSSA 50% appointment.
- You must either be full-time enrolled or approved for FTE by the Drop/Add deadline set by the University Registrar each term.
- Failure to gain FTE approval will cause loss of F-1 status and termination of your SEVIS record.
- Once this request is approved, we will issue you a "Full Time Equivalency Certificate" which you should keep with your immigration records.
- Students must take at least 1 credit while on FTE.
- Multiple terms of FTE are discouraged. Please consult your department or Rackham.
- In your final term, you may instead need to request RCL.

Checklist of required documents.

- Copy of the front side of your current I-94 card
- Copy of your current I-20 (pages 1 & 3) or DS-2019
- A letter from your academic advisor written on letterhead following the guideline on the [IC website for FTE](#).
- An unofficial transcript downloaded from <http://wolverineaccess.umich.edu/>

Read the statement below, sign and date.

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I must have U-M approved health insurance for the duration of my F-1/J-1 status and that if I have any dependents, they too must have health insurance. I also understand that I must report address changes through Wolverine Access within 10 days of any change in current (U.S.) or permanent (out-of-U.S.) address.

Signature _____ Date _____

To be completed only by ISSA

- Academic term _____ Number of credits enrolled _____
- FTE for academic work on (Specify)
 - Prelim/qualifying exams
 - Thesis
 - Clinical work
 - Dissertation Proposal

ISSA initials _____

Date: _____