NEW YORK INSTITUTE OF **TECHNOLOGY**

PART TIME AUTHORIZATION FORM

То:	Department Chair or Academic Advisor	
From:	Office of International & Experiential Education	
Re:	F-1 Part Time Authorization	
time) under the	below circumstances. Please review the	orized to register for a Reduced Course Load (i.e. part reasons, check the appropriate box, then sign and date e of International & Experiential Education.
Must have evid		d doctor. Doctor's letter with written recommendation annot last more than one year. [8CFR214.2(f)(6)(iii)(B)].
This can involv unfamiliarity wi a full course of		
In final term, se	SEMESTER ession or semester, the student has enroll course of study.	ed in the necessary number of credits needed to
	must consult with, and receive the neces enalties will be severe otherwise.	ssary permission from the DSO prior to reducing their
ADVISOR NAI	ME:	STUDENT NAME:
SIGNATURE		NYIT ID#:
DEPARTMEN	Т:	CURRENT SEMESTER:
TELEPHONE I	NUMBER:	DATE:
		DSO/PDSO SIGNATURE: