



DREW UNIVERSITY
International Student Services
Full-Time Certification Form

First & Last Name		Date	
Drew Student ID		SEVIS ID#	
Email			

The student named above is certified as a full-time student for immigration purposes during the _____ semester and will be registered for _____ credits for the reason(s) cited below:

Illness or other medical reasons [8CFR 214.2(f) (5)]
(Must provide letter from physician)

In last semester of degree program and enrolled for the number of credits needed to complete the program of study [8CFR 214.2(f) (6) (ii)]

Initial English language difficulties [8CFR 214.2(f) (6) (v)]

Improper course level placement [8CFR 214.2(f) (6) (v)]
(Must provide letter from professor)

A graduate student who has completed coursework and is [8CFR 214.2(f) (6) (i)]

preparing for qualifying examinations

conducting dissertation research

other: _____

COMMENTS:

STUDENT SIGNATURE

DATE

ADVISOR / DEAN SIGNATURE

DATE

DSO SIGNATURE

DATE