



**DREW UNIVERSITY**  
**International Student Services**  
**Full-Time Certification Form**

<b>First &amp; Last Name</b>		<b>Date</b>	
<b>Drew Student ID</b>		<b>SEVIS ID#</b>	
<b>Email</b>			

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**