

New York Medical College
Office of the University Registrar

**Release of Full-Time Registration Restriction
For Foreign Student**

To Be Completed By Student

Student Name: _____

ID No: _____ Term (check one): Fall Spring 20____

Program: _____

To Be Completed By Department Chair/Program Director

Number of Credits Completed: _____

Number of Credits Registered this Semester: _____

Completion of All Requirements Expected by Conclusion of _____ Semester
(term and year)

Reason for Granting Release of Full-Time Status Restriction:

Final Semester. All requirements can be completed by conclusion of this semester. (Full-time status)

M.S./MPH Thesis Research. Full-time effort conducting research. (Full-time status)
[Please attach memo from research advisor that briefly describes the student's thesis research project, progress being made toward completion, and expected date of completion.]

Research Advisor: _____

Expected Completion Date: _____

Course Offerings/Availability Limited (Full-time status).

Specific Limitations: _____

Alternative Academic Activity: _____

Deceleration Because of Language Difficulty. (First semester only)

Medical Condition. *[Student must provide the ISS Advisor with medical documentation of condition from a licensed physician.]*

Maintenance of Matriculation

COMMENT: _____

Dept. Chair/Program Director's Name

Dept. Chair/Program Director's Signature

Date

Dean's Approval

Date

International Student Advisor's Approval

Date