INTENT FORM: FILING FEE IN LIEU OF REGISTRATION

- This form is to be submitted to the International Students & Programs Office (ISPO) along with a Reduced Course Load form for any international graduate student who intends to submit filing fee.

- In addition to this form, student must contact their Graduate Coordinator for General Petition form to determine eligibility to pay fee. General Petition form is a separate form & does not require ISPO approval.

STUDENT INFORMATION

Last name: ___________________________________ First name: ______________________________

PID Number: ___________________________ Phone number: ___________________________

Email address: __________________________________________________________

Final quarter: □ Fall    □ Winter    □ Spring    Year: ___________________________

STUDENT ACKNOWLEDGEMENTS

The student acknowledges the following conditions during the filing fee quarter:

1. Not eligible for on campus employment, including GSR and TA
2. Not eligible for off campus employment, including Curricular Practical Training (F-1 students) or Academic Training (J-1 students)
3. Not eligible for on-campus housing
4. Must contact Student Health Services regarding eligibility for voluntary student health insurance
5. Must apply for Optional Practical Training (F-1 students) or Academic Training (J-1 students) by 2\textsuperscript{nd} week of quarter
6. I-20 form will be shortened to date of dissertation defense or exam as the date of program completion.
7. Filing fee status is limited to one quarter only. If unable to complete degree during the filing fee status, the student must register during the following quarter.

I have read and understand the requirements of filing fee status and agree to them.

Student Signature: _______________________________________________ Date: _______________

DEPARTMENT CERTIFICATION

The following signatures certify that the above named student is anticipating to schedule the defense of thesis/dissertation or take the comprehensive exam on the following date _______________________

Graduate Coordinator ______________________________

Signature: ___________________________________________ Date: __________________

Faculty Advisor: ______________________________

Signature: ___________________________________________ Date: __________________