



A member of Minnesota State

Full-Time Equivalency (FTE) Request Form

All international students must be enrolled in a full-time course load each semester (with the exception of the summer break). Full-Time Equivalency is a type of authorization granted to students which allows the student to be enrolled in less than full-time credits but to be considered enrolled full-time to maintain their student status.

Full-time Enrollment at Metro State University:
Undergraduate = 12 credits / Graduate = 8 credits

To be completed by the student:

Personal Information			
Metro State ID #:	Date of Birth: ____ (month) / ____ (day) / ____ (year)		
Last Name (surname):	First Name (given):		
Personal Email:	U.S. Phone number:		
Physical Address in MN: (Please verify your address here and type exactly as you see it on the website)			
Street Address:	Apt/Suite/Other:		
City:	State:	ZIP Code:	
Academic Information			
Level of Study:	(Undergraduate/Bachelors)	(Graduate/Masters)	
Major of Study:			
Full-Time Equivalency Information			
Academic Term for Request (Term/Yr):			
Reason for FTE:	Full-Time CPT	Full-Time Culminating Project	Concurrent Enrollment

The student's academic advisor must complete page 2.

To be completed by the student's academic advisor:

Full-Time CPT

The student will be participating in an alternate work/study, internship, co-operative education, or other type of internship/practicum, therefore simultaneously submitting a Curricular Practical Training (CPT) Request for **full-time** employment authorization. The student must be enrolled in **at least one credit related to their CPT** (this course may be the student's alternate work/study, internship, co-operative education, or other type of internship/practicum course)

Please include the student's Curricular Practical Training (CPT) Request

Please list the student's CPT course information:

Course Code: Course Title: # of Credits: Grade Needed:

Please list any other course/s in which the student will be registered while participating in CPT:

Course Code: Course Title: # of Credits: Grade Needed:

Course Code: Course Title: # of Credits: Grade Needed:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student, and agree with the above reason for this exception. I have reviewed the student's DARS/GELS report and confirm that the student is enrolled in the required coursework for their alternate work/study, internship, co-operative education, or other type of internship/practicum and has completed the Curricular Practical Training (CPT) request.

Signature: _____

Date: _____

Full-Time Culminating Project

The student is a Graduate/Masters student working full-time on their project/dissertation/starred paper/thesis/capstone in order to complete their degree requirements. The student must remain enrolled in at least one credit related to the culminating project/dissertation/starred paper/thesis/capstone for every semester (including the summer if it is the last semester).

Please list the student's student's culminating project/dissertation/starred paper/thesis/capstone course:

Course Code: Course Title: # of Credits: Grade Needed:

Please list any other course/s in which the student will be registered in:

Course Code: Course Title: # of Credits: Grade Needed:

Course Code: Course Title: # of Credits: Grade Needed:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student, and agree with the above reason for this exception. I have reviewed the student's DARS/GELS report and confirm that the student is enrolled in the required coursework for their culminating project/dissertation/starred paper/thesis/capstone.

Signature: _____

Date: _____

Concurrent Enrollment

The student is enrolled at Metro State and an additional SEVIS-approved school during the same semester and requests that the combined enrollment amounts to a full-time course of study. The majority of the student's credits must be taken at Metro State.

Name of additional SEVIS-approved school:

SEVIS school code at additional SEVIS-approved school:

Course Code: Course Title: # of Credits: Grade Needed:

Course Code: Course Title: # of Credits: Grade Needed:

Course Code: Course Title: # of Credits: Grade Needed:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student, and agree with the above reason for this exception. I have reviewed the student's DARS/GELS report and confirm that the student's coursework at the abovementioned secondary institution will transfer to Metro State for credit and count towards the student's degree requirements.

Signature: _____

Date: _____