

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.

To be completed by the student

Personal Information

Metro State ID #: _____ Date of Birth: _____ (mm/dd/yyyy)

Last Name (surname): _____ First Name (given): _____

Metro State Email: _____

Personal Email: _____ U.S. Phone number: _____

Physical Address in MN (Please verify your address on the [USPS website](#) and type exactly as it appears)

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/Year) _____

Reason for FTE: Full-Time CPT Full-Time Culminating Project Concurrent Enrollment

Student Signature

Student Signature: _____ **Date:** _____

The student's academic advisor must complete the next section

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: _____

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 fulfill 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 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:

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

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

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: _____

Academic Advisor Signature

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 courses for Full Time CPT or Full Time Culminating Project. Any courses at the named secondary institution will transfer to Metro State for credit and count towards the student's degree requirements.

Advisor Signature: _____ **Date:** _____