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UMKC Student Affair	\$		FIE FORM for J-1 SIUDENIS
REQUIRED ENROLLMENT	FOR J-1 STUDENTS:		
<ul> <li>O Undergra</li> <li>■</li> <li>○ Graduate</li> </ul>	ents: Enroll in at least 12 credi aduate students: Enroll in at le At least 9 credit hours must l e students WITH a GRA/GA/G e students WITHOUT a GRA/G	east 12 credit hours be in the classroom, <b>TA</b> : Enroll in at leas <b>GA/GTA</b> : Enroll in at	
	ng/Returning students (mean IKC students (if this is your firs ALI students: Enroll in at leas Undergraduate students: En	st semester at UMK0 st 6 credit hours. All rroll in at least 6 cred	t semester): 0 credit hours. Summer is not required C): 6 must be in the classroom, NOT online. dit hours, only 2 credit hours can be online urs, only 1 credit hour can be online
Student Name:			UMKC Student ID:
	(Last Name)	(First Na	
PROGRAM LEVEL:	□BA/BS □MA/MS	□PhD	TERM & YEAR FOR THIS FTE:
<b><u>PLEASE CHECK ONE</u></b> : Incomplete forms or those missing documentation cannot be processed <u>Bona Fide Academic Reason</u> :			
			<b>or advisor</b> recommending student to reduce his/her to verifiable academic reason.
	plete all degree requireme	-	at the end of the semester. Their immigration documents will OT end up graduating, their J-1 status may be affected.
Student is med	etter must specify dates a	ull-time this sen	nester. They will submit an official letter from licensed his reason can only be used for a total of 12 months over the
<ul> <li>If student will be in 0 credit hours, student CANNOT work on campus</li> </ul>			
<ul> <li>If student will be in 0 credit hours, student will not automatically be enrolled in health insurance</li> <li>If student will be in 0 credit hours, student must submit <b>REQUEST FOR LEAVE OF ABSENCE FORM</b> for Registration &amp; Records</li> </ul>			
	<b>MUST</b> notify ISAO if they	intend to leave the	e U.S.
<u>Student is in a Non-Degree program:</u> This is confirmation that the above-stated student is in a non-degree program and is considered a full-time student in their prescribed course of study.			
	e student can provide proc of and is currently followir		applied for and been authorized for academic training. ng regulations.
✓ By signing below, I agree	e that the above is true and	correct. If requested	l, evidence could be provided to support the above statement.
REQUIRED: Number of cr	edit hours student will be	enrolled in for the	ENTIRE semester:
			rs that are ONLINE ONLY courses:
Academic Advisor	s Name – Please Print		Academic Advisor's Signature

Advisors, if you have questions please call 816-235-1113. Students, please upload form to Pathway's Secure Document Upload.