Part 1: Evidence of a Specific Educational or Professional Goal

To be completed by the student’s academic advisor:

1. Please describe the specific educational or professional objective for which this student proposes to attain.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Below please list the courses the student must take to accomplish the objective.

__________ ____________ ____________ ____________
__________ ____________ ____________ ____________
__________ ____________ ____________ ____________

3. Based on the course requirements needed to complete the objective, it is estimated the time required to complete the objective, assuming the student will be able to enroll in 9 credit hours each fall and spring semester, will be _____________ semesters.

Printed Name of Academic Advisor __________________________
Signature __________________________ Date __________

Part II. Certification that the Proposed Study as a Non Degree Graduate Student is in Accordance with Current Federal Regulations as they relate to F-1 International Students

• “The F-1 student category is available to non-degree students provided that a ‘specific educational or professional objective’ can be identified and the Designated School Official (DSO) can certify that the program constitutes a “full course of study.”

• Non-degree study still must lead to the attainment of a “specific educational or professional objective” under Federal Regulations 8CFR 214.2(f) (6) (i).

The program, as defined in Parts I and II above, is in accordance with current Federal Regulations pertaining to non degree study for F-1 International Students.

Printed Name of DSO in the International Office _________________________
Signature __________________________ Date __________

Part III. Statement of Understanding from the Student to Texas State University-San Marcos Regarding the Established Goal(s) and Academic Requirements of this Program

I understand the requirements related to the goal(s) and academic requirements of this program and understand that failure to adhere to the goal(s) and academic requirements will result in the termination of my program.

Printed name of student ______________________________
Signature ____________________ Date___________________ Revised 01/31/2013