

Reduced Course Load Request

To maintain F-1 and J-1 status, international students must be enrolled in a full course of study each fall and spring semester. Summer enrollment is not required by the U.S. federal government regulations for F-1 and J-1 visa holders.

- Bachelor level: required to enroll for 12 credit hours per semester
- Master's level: required to enroll for 9 credit hours per semester
- ALCC/ESL: required to enroll for 4 credits per session

There are valid academic and medical reasons for reducing your course load, as listed below. For any semester in which you intend to reduce you course load, you must complete the following and have your academic advisor sign this form. For Coursework Completion and Final Semester, Master's level students must also obtain the signature of the Dean of the Graduate School. The student and advisor will be notified if this request is denied.

You must receive PRIOR permission from ISSS to reduce your course load. Do not enroll for less than a full course load or drop below a full course load without prior permission. Permission to reduce is only valid for the semester(s) indicated on this application. If you want to reduce your course load after the withdrawal deadline, additional permission is required from an Academic Dean.

Please complete the following information.

Name of Student:					
	Family/Last Name	Fi	rst Name		
T-Number or SEVIS ID or I	Date of Birth:				
Email:	Phone Num	ber:			
Current U.S. Address:					
	Street address	City	State	Zip	
Visa Type: 🛛 F-1 🛛 J-1	Major(s):				
Education Level:	Exp	ected Graduation da	ite:		
Semester(s) for which a real	duced course load is requested	ed:			
		S	Semester(s)/Year		
	enroll in for the semester(s) li				
	e is needed to complete you e or distance education. Yo				
Indicate the reason w	hy you are requesting to re	duce your course	oad. Please re	ad each opti	

carefully.

□ Academic Difficulties

- □ *Initial* difficulty with the English language or reading requirements.
- □ Unfamiliarity with U.S. teaching methods.
- □ Improper course level placement.

Please provide a written explanation to support the above reason: _

After receiving permission, you are eligible to be enrolled for at least half the required full-time course load (i.e., Bachelor's level must enroll for a minimum of 6 credit hours, Master's level students for 6 credit hours). You may receive permission to reduce your credit load due to an academic difficulty only once during your current degree level.

Medical Condition

□ Temporary illness or medical condition. You must attach a letter on letterhead signed by an appropriate medical official as described below.

The letter must:

- recommend the student reduce a course load due to medical reasons. (If you cannot enroll for any courses due to your medical condition, the letter from your medical professional must state this and you will need to complete the *Emergency Withdrawal* form at the Registrar's office.
- be signed by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.
- substantiate the illness or medical condition and specify which semester the reduced course load is being recommended.

After receiving permission you may enroll for the number of credit hours agreed upon from your doctor. You may only receive this permission for a maximum of 12 months during your current degree level.

□ Coursework Completion

Master's level students who are finishing all required coursework during the term requested or have completed all required coursework to date. This enrollment will be considered full-time for the approved semester(s).

□ Final Semester of Study

• For students who will complete their degree at the end of the term for which the reduced course load is requested. Students must be registered for in-person(s) credit(s) their final semester.

After receiving permission, you are eligible to be enrolled for the number of credit hours stated on this form. If you are applying for a reduced course load based on your final semester, the end date on your I-20 or DS-2019 will be adjusted to reflect the actual program completion date and a new I-20 or DS-2019 will be printed for you to pick up.

Do you intend to apply for OPT (Optional Practical Training) or AT(Academic Training) upon completion of your program?

Student's Signature: _____

Date:

Signature of Academic Advisor (*not required if the request is due to Medical Condition*) I hereby certify the reason given for the request to approve a reduced coarse load is correct. If this

request is due to course work completion or final semester, documentation of student's progress must be submitted along with this form.

Name:		Title:	
Signature:			Date:
Office Use:	Request for RCL approved:	□ Yes	□No
	I-20/DS-2019 end date shortened:	□ Yes	□No
	New I-20/DS-2019 printed:	□Yes	□No
			Initials of DSO: