Authorization for Reduced Course Load

According to federal immigration regulation F-1 visa holders must be registered in a full-time course load to maintain immigration status (12 units for undergraduates and 8 units for graduates). In order for a student to be granted a "Reduced Course Load" they must meet an authorized exception. The student must provide documentation and/or approval from an academic advisor to support request. ***This form must be submitted before registering for less than full-time load***.

To be completed by the student:
Please Type

_____   _____   _____
First Name   Last Name   ID Number

Exceptions to Full Course of Study

The student is having difficulty with English language (normally available during the first semester of study).

The student is having difficulty with the reading requirements of the course.

The student is unfamiliar with American teaching methods (normally available during the first quarter/semester of study).

The student has been placed at an improper course level (in addition to this form, please provide a letter of assessment verifying that student was improperly placed in a course that has proven too difficult for his/her current level of academic ability and recommendation that he/she is allowed to withdraw from that course).

Final quarter/semester and less than a full course load needed to graduate (petition to graduate must be on file).

- You are required to obtain the signature of your Academic Advisor certifying program completion.
- These courses cannot be considered distance learning only.
- You must complete your degree at the end of the semester you are applying for the Reduced Course Load. If you do not graduate, you will be out of status and your I-20 will be terminated.
- Proof of Graduation Application must accompany this form.

The student has a medical reason which requires less than full-time enrollment (student must attach medical documentation from a US –based physician clearly stating the recommendation to take a reduced course load).

_____   _____   _____
Signature of Student   Academic Term Requested   Date (mm/dd/yyyy)

To be completed by Academic Advisor:
For the reason above, I recommend the above-named student be allowed to take a reduced course load.

_____   _____
Print Name   Department

_____   _____
Signature   Date (mm/dd/yyyy)

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