REDUCED COURSE LOAD REQUEST FOR F-1 STUDENTS

214.2(F)(6)(iii) Reduced Course Load
Except as otherwise noted, a reduced course load must consist of at least six semester or quarter hours or half the clock hours required for full course of study. A student who drops below a full course of study without prior approval of the international admissions coordinator will be considered out of status. You must submit a new Reduced Course Load Request form each semester that you plan to be enrolled less than full-time.

Directions: Please fill out the form completely and provide supporting documentation. Documentation must be from your advisor or from a medical physician.

Date Requested:_____________________________ Semester:____________________________

Reason: (check one)

☐ Unfamiliarity with U.S. teaching methods (Academic Advisor)
☐ Difficulty with English language (Academic Advisor)
☐ Medical condition (Medical Documentation)
☐ Completion of course of study (Final Semester)(Academic Advisor)

Student Info

Last Name:_________________________________ First Name:_________________________________

Student ID Number:_________________________ Country of Citizenship:_____________________

Current Address:_______________________________________________________________________

City:____________________________________ State:____________ Zip Code:_____________

Phone Number:_______________________________________________________________________

Student Signature:

Student:_________________________________ Date:____________________________
For Academic Advisor Only

The student is eligible to register less than full-time due to the reason checked above:

Academic Adviser’s Name (Please Print):___________________________________________________

Academic Advisor’s Signature:_________________________ Date:__________________

For International Admissions Office Only

Check one:

☐ Approved
☐ Denied

Number of Hours Approved:_____________________________________________________________

International Admissions Coordinator Signature:__________________________________________

Date:__________________________________________