



F-1: REDUCED COURSELOAD FORM

An international student is required to enroll in a full course of study during the academic year. Full-time study is defined as 12 credits hours for undergraduates and 9 credit hours for graduates each spring and fall semester. If the student’s activity is equivalent to full-time but actually requires less than full-time registration (e.g., writing thesis or dissertation), this form is to be endorsed by the academic advisor. A reduced course load based on financial need OR to protect a GPA is NOT a qualifying reason.

PART 1: TO BE COMPLETED BY THE STUDENT

Family Name _____ First Name _____

J# _____ SEVIS ID _____ Telephone _____

Local Address _____

Major _____ Degree BS/BA _____ MA/MS _____ PhD _____

Anticipated Completion Date _____ Completion Date on I-20 or DS-2019 _____

PART 2: TO BE COMPLETED BY ACADEMIC ADVISOR

By immigration law, an international student must be full time during each fall and spring semester. There are justifications that justify enrollment for fewer hours. Indicate below the reason the above named student is unable to maintain full time status:

Semester _____ (ex. Spring 2016) Number of registered credits to be taken _____

- The student is having difficulty with the English Language or reading requirements (usually acceptable during the students first semester).
- The student is unfamiliar with American teaching methods (usually acceptable during the students first semester).
- The student has been placed in the improper course level.
- The student needs less than a full course load to finish the degree program this semester (Final program requirement may not be an online course).
- The student has completed formal course work and is engaged in thesis or dissertation research. (Must be enrolled in a thesis or dissertation course).
- The student has a medical reason for needing to be registered less than full time (medical documentation from US physician must be attached).

I endorse and recommend less than full-time registration for this student during the semester requested.

Academic Advisor Name _____ Date _____

Signature _____ Extension _____