Office of International Services (OIS)
Reduced Course Load Request

Section A: To Be Completed by Student

Name: ________________________________________________________________

Family/Last                                  Given/First                                    Middle I.

Date of Birth: __________________________________________________________

Month            Day                 Year

Email: ________________________________________________________________

Major: ___________________     Academic Level (BA, MA, PhD, etc.):__________

I am registering for ______credits during the:

[ ] Spring Semester of __________(year)
[ ] Fall Semester of __________(year)

I request that my academic load be considered as full-time enrollment for immigration purposes for the reason below:

Check one that applies:

[ ] #1 Academic difficulties: Specify and remember you can use one of the following four academic difficulty reasons only once per degree and must be enrolled at least half of full-time course load:
[ ] initial difficulties with the English language (during the first year only)
[ ] initial difficulties with reading requirements (during the first year only)
[ ] unfamiliarity with American teaching methods (during the first year only)
[ ] improper course level placement

[ ] #2 Medical reason: Attach an official letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Show the ISS Reduced Course Load Information to your doctor to ensure that the doctor’s letter will include the required information. A signature from your academic advisor is not required.

[ ] #3 Master’s or Doctoral student on thesis or dissertation track: This is my final semester of coursework before the start of my thesis or dissertation status (only once per degree).

[ ] #4 Expected completion date of course of study: Month:__  Day:__  Year:__  
(must graduate this semester).
Section B: To Be Completed by Student’s Academic Advisor

[ ] I have reviewed and recommend the above request. I confirm that the information provided on this form is accurate and in conformance with applicable departmental/college/university policies and an exchange agreement (if any).

[ ] I do NOT recommend that the above request be granted to this student for the following reason(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Academic Advisor’s Name:_______________________ Department:____________
Advisor’s Signature:_________________________________ Date:_____________

Section C: To Be Completed by an OIS Advisor

[ ] Approved [ ] Denied for the following reasons:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature of OIS Advisor: ________________________ Date:______________