

REDUCED COURSE LOAD REQUEST

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Major _____

Academic Level (BA,MA,PHD ect.) _____

Current I-20 End Date : _____

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:

Please 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)

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- 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 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:** _____

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Advisor's Signature: _____ **Date:** _____

Section C : To Be Completed by an OIS Advisor

Approved **Denied** for the following reasons:

Signature of DSO Advisor: _____ **Date:** _____ **By:** _____

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