

**REDUCED COURSE LOAD
APPROVAL REQUEST FORM**

An F-1 student who drops below a full course of study without prior approval of the DSO [International Student Advisor] will be considered out of status. 8 CFR 214.2 (f)(6)(iii)

An F-1 student is bound by U.S. Citizenship and Immigration Services regulations to enroll in a full course of study each fall and spring. Full-time study is defined at Northeast Community College as 12 or more credit hours per semester.

Sometimes the USCIS allows for a reduced course load if approved by the International Student Advisor (ISA) **PRIOR** to enrolling less than full time. A student may request approval for a reduced course load by completing this form and then submitting it, with the necessary documentation, for review by the ISA. A *reduced course load based on financial need is **NOT** a qualifying reason*. If approval is granted, the student must resume a full course of study the next available semester.

To Be Completed By Student:

Student's Name _____ Student ID# _____

FAMILY/last GIVEN/first

Semester: Fall _____ Spring _____

For the reason cited below, I am requesting permission to take a reduced course load.

Final Semester

1. _____ It's my final semester and I need fewer courses than full time to complete my course of study. (*Faculty Advisor signature required below*)

Academic Reasons

Students may only be approved for a reduced course load one time for academic reasons per program level. A reduced course load due to academic reasons must consist of at least six semester hours.

2. _____ I have been improperly placed in a course level.*
3. _____ I am having initial difficulties with the English language.*
4. _____ I am having initial difficulties with reading requirements.*
5. _____ I am unfamiliar with U.S. teaching methods.*

**Documentation of academic problem[s] must be attached. (Instructor signature required below)*

Medical Reasons

The illness or medical condition must be temporary in nature. Approval for medical reasons must be obtained each semester requested and cannot exceed an aggregate of 12 months per program level. Once authorized for 12 months, the student cannot again be approved for a reduced course load due to academic reasons.

6. _____ I have an illness or medical condition that impairs my ability to be a student. *Current medical documents from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist to verify the illness must be attached.*

Student's Signature _____ Date _____

Faculty Advisor's Signature _____ Date _____

Approval Signature of ISA _____ Date _____