

## **International Programs**

Telephone: (805) 437-3107 E-mail: international@csuci.edu

## REQUEST FOR APROVAL TO TAKE A REDUCED COURSE LOAD FOR STUDENTS IN F-1 STATUS

The information requested on this form is needed to comply with U.S Immigration Service regulations. The international student named below is applying for approval to take a reduced course load (less than 12 units for undergraduate/6 units for graduates) because s/he requires less than a full-time course load to graduate in the semester indicated below. **Permission from the International Programs office MUST be obtained before the student registers.** An F-1 student who registers for less than a full course study without the **prior** approval will be in violation of federal regulations governing F-1 students and will be considered to be "**out-of-status**" and could result in severe consequences regarding the student's legal status in the U.S. A student who registers for less than a full course load because s/he intends to graduate at the end of that semester, and then does not graduate, may also be considered "out-of-status," and risks losing all F-1 benefits, including on and off-campus employment.

**Graduate Students**: Please complete sections I & II only.

<u>Undergraduate Students</u>: Please complete sections I, II, & III. Be sure to bring an unofficial copy of your CSUCI transcript with you when you meet with an advisor at the Advising Center in the Bell Tower Room 1595.

A reduced course load for academic reasons must consist of at least 6 units (for undergraduates) or 4 units (for graduates) per Immigration Service regulations. If the request for a reduced course load is approved, the student must resume a full coure of study during the next available Fall/Spring Semester in order to maintain legal student status, unless s/he is graduating or working on thesis. A student previously authorized to drop below a full course of study due to "Academic Difficulty" will not be eligible for a second reduced course load authorization due to "Academic Difficulty" while pursing a course of study at the same academic level.

A reduced course load or withdrawal from CSUCI due to a medical condition cannot exceed a total of more than 12 months. A separate request form must be completed each semester, if more than one semester of reduced course load or withdrawal is needed.

In order for the International Programs office to approve your request, you must provide current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates your illness or medical condition, and which recommends a reduced course load or a withdrawal from the university. Please attach an original letter from your doctor (on the doctor's original letterhead stationary) to this form. If you cannot submit the required documentation, or if the documentation does not include the required information, your request **cannot be processed.** 

If your request is approved, you must resume a full course of study in the next available Fall/Spring Semester in order to maintain your legal student status.

## I. TO BE COMPLETED BY THE STUDENT

— Semester & Year for This request:	Fall 20	Spring 20			
Reason for Reduced Course load:					
Academic Difficulty M	ledical Condition	Completion of Study			
Name:(first/given) (last/family)		CSUCI Student I.D. #:			
E-mail Address:		SEVIS I.D. #:			
Major Field of Study:		Degree Objective:			
Phone: ()	Today's Date:	/ / / M D Y			
Have you ever been approved for a Reduced Course	Load at another U.S school	ol?YesNo			

## II. TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

<ul><li>Initial Difficulty with English</li><li>Unfamiliarity with U.S. Teacl</li></ul>	please provide course number/name & attac	tudents only)	lanation I	Letter)	
	e a reduced course load is due to one of the vide the following information to support m			ne student will only be enr	olled in units
Advisor's Signature  ()  Telephone	Name and Title (please pring clearly)  / / M D Y		Departi	ment (please print cleary)	
For Undergraduate Students Only  III. TO BE COMPLETED BY AN  I certify that the student na all GENERAL EDUCATION		nits needed f	or degree	e completion and that s/	he will meet
Advisor's Signature	or's Signature Name and Title (please pring clearly		Departi	Department (please print cleary)	
Department (please print cleary)	() Telephone	M	D D	/ Y	
Office Use only:  Date Received:	Approved Denied	Date s	tudent no	otified by e-mail:	

IP Advisor's Initials:

IP Action:

Date entered into SEVIS: