REQUEST FOR APPROVAL 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.

Undergraduate Students: 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 course 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 ________ Medical Condition ________ Completion of Study ________

Name: __________________________ CSUCI Student I.D. #: __________________________
(first/given) (last/family)

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? ______ Yes ______ No
II. TO BE COMPLETED BY STUDENT’S ACADEMIC ADVISOR

The student named above is applying for a reduced course load due to (please check only one):

— Initial Difficulty with English Language or Reading Requirements (new students only)
— Unfamiliarity with U.S. Teaching Methods (new students only)
— Improper Course Placement (please provide course number/name & attach detailed explanation Letter)
— Completion of Study – Final term of Study

I certify that the student’s request to take a reduced course load is due to one of the reasons listed above. The student will only be enrolled in ___ units for the above-indicated semester. I provide the following information to support my recommendation:

____________________________________________________________________________________
____________________________________________________________________________________

Advisor’s Signature ___________________________ Name and Title (please print clearly) ____________ Department (please print clearly) ____________

(______) - _________________________________ / __________ / __________
Telephone ____________________________ M D Y

For Undergraduate Students Only

III. TO BE COMPLETED BY AN ACADEMIC ADVISOR IN THE ADVISING CENTER, BELL TOWER ROOM 1595

I certify that the student named above is enrolled in his/her final units needed for degree completion and that s/he will meet all GENERAL EDUCATION and other university graduation requirements (outside of the student’s major field of study) for graduation at the conclusion of the semester indicated above.

Advisor’s Signature ___________________________ Name and Title (please print clearly) ____________ Department (please print clearly) ____________

(______) - _________________________________ / __________ / __________
Telephone ____________________________ M D Y