



English Language Center F-1 Student Reduced Course Load Request

Immigration Regulation: 8CFR214.2 (F)(6)(iii) Reduced Course Load

"The Designated School Official (DSO) may allow an F-1 student to engage in less than a full course of study as provided in this paragraph (f)(6)(iii). Except as otherwise noted, a reduced course load must consist of at least six semester or quarter hours, or half the clock hours required for a full course of study. A student who drops below a full course of study without the prior approval of the DSO will be considered out of status."

USA ELC Reduced Course Load Instructions

- International students on F-1 visas who do not intend to take a full course load must get **prior** approval from the ELC Director and Manager of Immigration and International Affairs **before** dropping below full-time.
- Requests should be submitted by the first week of classes of the requested term.
- A new Reduced Course Load Request form must be submitted each term of less than full-time enrollment.
- Unless the reduced course load is for completion of the program that term, students authorized for a reduced course load are **NOT** eligible for on-campus employment.
- Students using a Reduced Course Load for final term will **NOT** be allowed to re-enroll at ECL after current term.

Student Information

Family Name: _____ First Name: _____ Middle Name: _____

SEVIS Number: _____ Jag #: _____

ELC Level: Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

Student Signature: _____ Date: _____

Directions: Please fill out the form completely, carefully read the descriptions, and provide the required documentation. All forms will be considered incomplete unless approved and signed by the Director of ESL.

Term of Reduced Course Load: _____

Reason (check only one):

Medical condition: Provide official documentation from a physician or licensed mental health practitioner attesting and describing the serious medical condition that restricts eligibility to attend classes and pursue full-time coursework. This documentation must be on the physician's or practitioner's letterhead. If the problem continues or returns, a reduced course load for medical reasons must be requested prior to enrollment each semester. A maximum of up to 12 months per degree level (ESL, Bachelor's, Master's, etc.) is allowed.

Director of ESL:

I understand that by signing this form I am verifying that the student listed is approved to take part-time or zero hours (dependent upon the doctor's recommendation) **only for the term listed**.

Director of ESL signature: _____ Date: _____

Completion of Program (Final Term): YOU MUST "GRADUATE" TO MAINTAIN YOUR STATUS. Requires recommendation of Director of ESL on **back** of form.

For International Education Office Only

Check one: Approved Denied

Number of Hours Approved:

Manager of Immigration Signature: _____ Date: _____

DIRECTOR OF ESL RECOMMENDATION FOR REDUCED COURSE LOAD

Completion of course of study (final term):

List all courses and credit hours that are required for completion of the student's program this term:



Prior to signing this section, both the Director of ESL and student should thoroughly discuss the likelihood of completion. Failure to complete the program after taking a reduced course load will result in an immigration status violation. The student may lose the ability to remain in the United States as an F-1 student. The student bears all responsibility for the status violation, if completion is not successful for the term of the approved reduced course load.

Director of ESL Approval:

I understand that by signing this form I am verifying that the student listed on page one is only required to take the coursework listed above to be eligible to complete their program this term.

Director's Name: _____ Signature: _____ Date: _____

Student's Acknowledgement:

I understand that only one reduction due to final term may be authorized per level. Furthermore, I understand that failure to complete the program may result in a violation of immigration status.

Student's Name: _____ Signature: _____ Date: _____