

Reduced Course Load Authorization for F-1 and J-1 Students

Directions: In order to help students maintain their nonimmigrant status and comply with federal immigration regulations, this form must be filled out and authorization obtained from the ISS advisor BEFORE any international student in F-1 or J-1 status may be permitted to enroll for less than fulltime term hours (15 units).

There are valid academic and medical reasons for reducing your course load, as listed below. For any term in which you intend to reduce your course load, you must complete the following and have Student Academic Services or a medical professional sign this form on the reverse. I also require a letter from the medical professional on official letterhead.

**You must receive prior permission from ISS to reduce your course load.
Do not enroll for less than a full course load or drop below a full course without prior permission.
Permission to reduce is only valid for the term indicated on application.**

Name: _____ LU ID#: _____
Family First

E-mail: _____ Daytime Phone: _____

Visa Type: F-1 J-1 Major(s): _____

Expected degree completion date: _____

Term for which a reduced course load is requested: _____
Term/Year

Indicate the reason why you are requesting to reduce your course load:

Academic Difficulties

- is in first year of study and is having initial difficulty with the English language
- is in first year of study and is having initial difficulty with reading requirements
- is in first year of study and is unfamiliar with American teaching methods
- has been advised to drop a course because of improper course level placement

Note: You must be enrolled for at least half the required full-time course load (i.e. at least 8 units). You may receive permission to reduce your credit unit load due to an Academic Difficulty only once during your current degree level.

Final Term of Study

- student completing program of study at the end of the current term

Note: You must be enrolled for at least the number of credits needed to complete your studies. The end date of your I-20 or DS-2019 must reflect the end of the current term.

Medical Condition

- Temporary illness or medical condition. You must attach a signed letter from a *licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist*. The letter must substantiate the illness or medical condition and possess the following information.
 - a. must be typed, dated, and signed by the physician on the physician's letterhead, and
 - b. must indicate that you have a medical condition which prevents you from registering full-time during a specific term, and
 - c. must specify the number of term units for which you can register, and
 - d. must specify the date by which you will be expected to return to full-time studies.

Sample Letter: Your physician might use this as a template for writing the letter. The sample includes all information required to receive authorization.

Student First/Last Name

Date of Birth

Today's Date

Ms. XX is a patient currently under my care, who has a medical condition which prevents her from pursuing full-time studies for the fall 2013 term. As her physician, it is my recommendation she be allowed to register for only 6 units during the term. It is expected that she will be able to resume full-time studies during the winter 2014 term.

Physician Name and Signature

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- Dean, Center for Academic Success (academic reason)
OR Medical Professional (medical reason)

I hereby certify the reason given for the request to approve a reduced course load is correct.

Name: _____ Title: _____
E-mail: _____ Phone: _____
Signature: _____ Date: _____

To Be Completed by Student

Signature: _____ Date: _____

To Be Completed by ISS Staff

This student has been approved to reduce his/her course load for the term requested: Yes No

Name/Title: _____

Signature: _____ Date: _____