

REDUCED COURSELOAD AUTHORIZATION

FOR IMMIGRATION PURPOSES

**Final Semester Deadline: by end of Drop/Add Period**

**Academic Difficulty Deadline: Semester Withdrawal Deadline**

Permission to withdraw from classes and be below 12 undergraduate or 9 graduate credits during the fall or spring semesters is required for F-1 students to maintain legal immigration status. You MUST have approval from the OIP before dropping classes. If you withdraw from classes without permission—our office is to comply with immigration regulations and terminate your SEVIS record and you will be out of status (illegal). Undergraduate students approved for a reduced course load must still register for 6 credits; graduate students must register for 6 (except for final semester of study or thesis). Masters Students: Being approved for a reduced course load is only related to immigration status. If you drop below full-time, you need to check with your employer/Department about employment implications.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa Type: F1

Semester for which you are requesting part-time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for part-time request:

\_\_\_\_ Final Semester of study – (Undergrads will enroll in at least 6 credits; Grads 3 credits)

Academic Advisor Approval for final semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_Experiencing academic difficulties: (**This can only be used one semester during the first year**)

\_\_\_ difficulty with English language

\_\_\_ difficulty with reading requirements

\_\_\_ unfamiliarity with English teaching methods

\_\_\_ other (must meet with International Student Advisor

\_\_\_\_ Medical condition (Letter from doctor required, describe illness and amount of time needed to recover).

**OIP USE ONLY**

**Approved or Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Student Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**