

Reduced Course Load Request

Students in F-1 status are required to enroll in and complete a full course of study each term/semester. Only in very limited circumstances can a student maintain F-1 status while studying less than full time. The acceptable reasons are outlined below.

To request approval for a reduced course load, you must complete Section A of this form, have Section B completed and signed by your academic advisor, and submit it through [iHopkins](#) for processing before the start of the term/semester, the end date of the add/drop period, or before the drop/withdrawal is processed. If approved, you will receive an I-20 authorizing the reduced enrollment. Failure to complete the process may result in the loss of your legal immigration status.

SECTION A: TO BE COMPLETED BY THE STUDENT

Family Name First Name Date of Birth

Academic Department Degree Level

Signature _____ Date

SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR OR DEPARTMENTAL CHAIR

I recommend that the student be authorized for a reduced course load based upon the reason checked below.

Term/Semester for Reduced Course Load

Total Credits/Courses Registered during Term/Semester

Reason for Reduced Course Load (check only one)

Academic difficulties : The student must be in his/her first year of study and must still be registered for at least a half-time course load. [\[8 CFR.214.2\(f\)\(6\)\(iii\)\(A\)\]](#). The specific academic difficulty is (select one):

Initial difficulty with English language or reading requirements (NOTE: May only be used during the first term).

Unfamiliarity with American teaching methods (NOTE: May only be used during first term).

Improper course level placement

The Course student incorrectly placed in is

Completion of program (Final Term/Semester) : Student will complete the degree program by the end of this term/semester. [\[8 CFR.214.2\(f\)\(6\)\(i\)\(C\)\]](#) (If student fails to complete during this term/semester, he/she must see an OIS advisor immediately).

Medical Condition : Student must provide an official medical documentation dated within 30 days of this request from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist substantiating illness or medical condition, recommendation for reduced course load, and how many hours may be taken during that term/semester (it can be no coursework). This document must be on the physician's or practitioner's letterhead and must include their contact information. If the problem continues or returns, a reduced course load for medical reasons must be requested prior to enrollment each term/semester. **This authorization can be approved for a total of 12 months per degree level.** [\[8 CFR 214.2\(f\)\(6\)\(iii\)\(B\)\]](#)

*I understand that by signing this form I am confirming that I have reviewed supporting documentation submitted by the aforementioned student to substantiate the reason above and recommending the student for less than full-time registration during the term requested.

Signature of Academic Advisor _____ Date

Name Email