

Reduced Course Load Approval Request Form

- ✓ An international student in F-1 status is bound by U.S. Federal regulations to enroll in a full course of study each semester.
- ✓ Full time defined: 9 credit hours for graduate; 12 credit hours for undergraduates each semester.
- ✓ **A reduced course load based on financial need is NOT a qualifying reason.**

You MUST get permission from an ISSS Advisor BEFORE dropping below full time.

Student's Surname _____ Given name _____

KUID# _____ Semester Reduced Course Load Requested: Fall 20__ Spring 20__

To Be Completed by Academic Advisor (or Instructor if withdrawing from a course):

Please Check One

FINAL SEMESTER

- Undergraduate student in final semester who needs less than 12 hours to complete the course of study.

ACADEMIC REASONS

Students may only be approved *once* for academic reasons *per program level* (AEC, Bachelor, Master, Doctorate).
If approved for a reduced course load (RCL) for academic reasons, a RCL due to medical reasons is still available.

A reduced course load due to academic reasons must consist of at least six semester hours.

- improper course level placement (can apply if student is unprepared or in jeopardy of failing a course).
- initial* difficulties with the English language
- initial* difficulties with reading requirements
- unfamiliarity with U.S. teaching methods

Indicate course(s) to be dropped (course # / title / credit hours):

For the reason cited above, I recommend the above-named student be allowed to take a reduced course load:

Instructor/Advisor's Signature _____ Date _____

Instructor/Advisor's Name _____ Phone _____

MEDICAL REASONS

The illness or medical condition must be temporary in nature.

Approval for medical reasons must be obtained each semester requested.

Approval cannot exceed an aggregate of 12 months per program level. (AEC, Bachelor, Master, Doctorate)

Once authorized for 12 months, the student cannot be approved for a reduced course load due to academic reasons.

Please attach a letter on letterhead signed by an appropriate medical official as described below.

The letter must:

- * recommend the student reduce a course load due to medical reasons
- * be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
- * include the student's full name and date of birth
- * be dated and specify for which semester the reduced course load is being recommended.

The following wording is suggested:

As a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), I recommend "Student's full name and DOB" reduce his/her course load due to a temporary illness or medical condition for the "appropriate semester."

- I understand that this request is solely for the purpose of maintaining my F-1 non-immigrant status.
- A reduced course load may disqualify me from eligibility to
 - ✓ work on-campus;
 - ✓ receive scholarships and/or;
 - ✓ receive other student benefits in accordance with university policies.
- **I also understand it is my responsibility to drop the courses after getting permission from ISSS.**

Signature of Student _____ Date _____

Approval Signature of ISSS DSO _____ Date _____

REQUEST TO BE CONSIDERED FULL TIME FOR IMMIGRATION PURPOSES

- ✓ International students in F-1 status are bound by U.S. Federal regulations to enroll in a full course of study each semester.
- ✓ KU full time definition for graduate students is: 9 credit hours; (12 credit hours for JD and Social Welfare).
- ✓ Sometimes an international student's enrollment will be less than the hours defined above, but for immigration purposes the student can be considered pursuing a full course of study by completing this form.
- ✓ *Normally**, this form is not needed for students who
 - 1) have completed all the required coursework and are enrolled in thesis or dissertation hours* or
 - 2) have a GTA/GRA and are considered full time as defined by the registrar*.
[for example 50% GTA + 6 hrs, 40% GTA + 7 hrs, or 30% GTA +8 hrs]

*Please verify with ISSS that your enrollment is being considered full time without further documentation.

Student's Surname(s) _____ Given name(s) _____

KUID# _____ Semester requested to be considered full time: Fall 20__ Spring 20__

REASON TO BE CONSIDERED FULL TIME FOR IMMIGRATION PURPOSES

GRADUATE STUDENT CONSIDERED PURSUING A FULL COURSE OF STUDY by the department with

_____ (# of hours) because:

all required coursework is completed and student is enrolled in thesis, dissertation, final project or equivalent hours.

Or

student is in a non-thesis option and is finishing up final semester of all required coursework.

Or

Other – please explain _____

Academic Advisor's Signature _____ Date _____

Academic Advisor's Name _____ Phone _____

- I understand that this request is solely for the purpose of maintaining my F-1 non-immigrant status.
- A reduced course load may disqualify me from eligibility to
 - ✓ work on-campus;
 - ✓ receive scholarships and/or;
 - ✓ receive other student benefits in accordance with university policies.

Signature of Student _____ Date _____

Approval Signature of ISSS DSO _____ Date _____

Reference: 8CFR214.2(f)(6)(iii)