

REDUCED ENROLLMENT REQUEST FORM

The United States Citizenship and Immigration Service (USCIS) regulations require a student to carry a full-time academic course load during fall and spring semesters. **(Undergraduate students = 12 credit hours/Graduate students = 9 credit hours)** "In general, students are eligible to register for or maintain less than a full-time course load for one academic semester during their academic career. **A student who drops below the full-time academic course load without prior approval will be considered out of status.**" [8 C.F.R. 214.2(f)(6)(iii)] Students who are completing their degree requirements during the current semester may request a waiver from the full-time requirement. The conditions of the reduced course load must be compelling. Immigration will only consider requests for reduced enrollment for the cases described below.

TO BE COMPLETED BY STUDENT: *(Please print)*

Last Name: _____ First Name: _____

Student ID#: _____ Date of Request: _____ Degree Level: BS MS PhD Other: _____

Degree Major: _____ Projected Date of Completion: _____

Have you ever enrolled for or completed less than a full-time academic course load during the time that you have been a student in the United States? Yes No

If yes, please complete the following:

When, (which semester(s)): _____ Where, (which university): _____

Why, (give a detailed reason for each semester which you had completed less than a full-time academic course load):

Only credit courses are counted in calculating the student's full-time academic course load. Hearer status courses are not calculated in meeting the student's full-time enrollment requirement.

CRITERIA FOR REDUCED COURSE LOAD:

Please check the reason(s) that you would like to register for less than the full-time enrollment requirement:

Type I Event: Final semester of I-20/DS-2019 degree program:

If a student fails to complete in that semester, he/she is required to be fully enrolled the following semester. Authorization for a reduced course load requires your current program end date to be shortened to the end of the current semester which you are indicating as your last semester.

****If you do not complete your degree program in the final semester, you will be required to apply for an I-20/DS-2019 extension.**

****If only one course is required in your final semester it cannot be an online/distance course due to immigration physical presence requirements.**

How many credit hours you will be enrolled in this semester: _____ Expected Graduation Date: _____

If you are in a thesis/dissertation program, what is your estimated date of defense: _____

Type II Event: Academic difficulty:

A reduced course load can be approved on the basis of academic difficulty only once while pursuing a course of study, per educational level, and only during the initial semester.

Sub Groups:

- A. Initial difficulty with the English language
- B. Initial difficulty with reading requirements
- C. Unfamiliarity with American teaching methods
- D. Improper course level placement

Please give a detailed statement indicating the academic difficulties:

How many credit hours will you be enrolled in this semester if approved for a reduced course load due to academic difficulties? _____

Type III Event: Reduced enrollment due to illness or medical condition:

A request for reduced enrollment for an illness or medical condition must be supported by a written statement from a U.S. physician as to why reduced enrollment is required. The written statement should indicate the dates in which reduced enrollment should begin and end and the number of credit hours the physician recommends.

How many credit hours will you be enrolled in this semester if approved for a reduced course load due to illness or medical condition? _____

STUDENT ACKNOWLEDGMENT AND SIGNATURE:

(Print) Last Name: _____ (Print) First Name: _____

Signature of Student: _____ Date: _____

ACADEMIC AUTHORIZATIONS:

The above named student has requested to enroll in less than the full-time enrollment requirement mandated by USCIS.

If the reason for the request is due to the student's final semester or academic difficulty, a **"Type I or Type II"** event, please provide a compelling academic justification for the student's request for reduced enrollment. *This documentation will be made available to USCIS in the event of an audit or a request.*

If the reason for the request is due to illness or medical condition, **"Type III"** event, what effect has the student's medical condition had on the student's academic performance/attendance?

Signature of Academic Advisor: _____ Date: _____

Print Name: _____

Signature of Department Chair: _____ Date: _____

Print Name: _____

If a graduate student, signature of Graduate Studies Specialist:

Print Name: _____ Date: _____

If a sponsored student, signature of Sponsored Student Services:

Print Name: _____ Date: _____