## Office of International Student and Scholar Services Manhattan College Phone: (718) 862-7213

## REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD DUE TO ACADEMIC DIFFICULTY FOR STUDENTS IN F-1 STATUS

This form is provided for your convenience. The information requested on this form is needed to comply with the United States Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for approval to take a reduced course load. **Permission from the Director of International Student and Scholar Services MUST be obtained before the student drops the course(s).** An F-1 student who drops below a full course of study without the **prior** approval of the Director of International Student and Scholar Services will be in violation of federal regulations governing F-1 students and will be considered to be <u>out of status</u>.

A reduced course load for academic reasons must consist of at least six credits, per USCIS regulations. If the request for a reduced course load is approved, the student must resume a full course of study in the next available semester in order to maintain student status, unless he/she is graduating. A student previously authorized to drop below a full course of study due to academic difficulties will **not** be eligible for a second reduced course load authorization due to academic difficulties while pursuing a course of study at that degree level.

Student Completes This Section:	
Student Name:(please print)	Degree Sought: Bachelor's Master's
E-Mail:	Phone:
Field of Study:	Completion Date://
Assistant Dean/Advisor/Department Chair Completes This	Section:
Semester and Year for this request: Fall 20 The student named above is applying for a reduced course load due to initial difficulty with English language or reading required unfamiliarity with U.S. teaching methods improper course placement (provide course number)	equirements;
A reduced course load for academic reasons must consist of at lea	st six credits, per USCIS regulations.
I certify that the student's request to take a reduced course load is due I provide the following information to support the recommendation: _	
Assistant Dean's/Advisor's/Department Chair's Signature	Name and Title (please print)
	/
Department (please print) Telephone	Date
For Office Use Only: Student notified by e-mail (date):	
ISSS Action & Date Initials: Entere	d in SEVIS (Date & Initials)

PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES, KELLY COMMONS, ROOM 3.02A.