REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD DUE TO COMPLETION OF STUDY 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 because he/she requires less than a full-time course load to graduate in the semester indicated below. Permission from the Director of International Student and Scholar Services MUST be obtained before the student registers. An F-1 student who registers for less than 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 out of status.

A student who registers for less than a full course load because he or she intends to graduate in that semester, and then does not graduate, will be considered to be out of status and risks losing all F-1 benefits, including employment.

Student Completes This Section:

Student Name: ___________________________________________  Degree Sought: ___ Bachelor's
(please print)                    ___ Master's
E-Mail: _________________________________________________     Phone: ____________________________
Field of Study: ____________________________________________     Completion Date: _____/_____/_____

Assistant Dean/Advisor Completes This Section:

Semester and Year for this request:  Fall 20___________  or  Spring 20___________

The student named above is applying for a reduced course load due to completion of course of study (student will graduate in the semester indicated).

I certify that the student named above will meet all requirements for graduation at the conclusion of the semester indicated above.

____________________________________  __________________________________
Assistant Dean's/Advisor'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: ___________ Entered in SEVIS (Date & Initials) _____________

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

Reduced Course Load: Completion of Study  10/14