

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

**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.

