F-1 REDUCED COURSE LOAD REQUEST

THE COMPLETED FORM MUST BE RETURNED TO ISFS BY NO LATER THAN THE END OF THE SECOND WEEK OF THE SEMESTER

Family/Last Name: ___________________________________________  ________________________________

Given/First Name: _____________________________________________  ________________________________

Student’s Signature: ___________________________________________  ________________________________

PID: __________________  OHIO E-mail: __________________________  Semester/Year: _______________

Immigration regulations require F-1 and J-1 students to be enrolled full-time each semester; full-time status is 12 credit hours for undergraduate students, 9 credit hours for graduate students. Only one online class that is three credits or less can count towards this requirement. Students who will not be full-time must complete this form each semester (fall and spring) that they will be enrolled less than full-time. Graduate students enrolled in their department’s 6950, 6960 or 8950 thesis/dissertation research course and students enrolled in MFE 6940 or ES 6940 do not need to complete this form.

Students will be authorized for a reduced course load by an International Student Advisor. Students approved for a reduced course load will be notified via e-mail of the approval.

SECTION 1 (TO BE COMPLETED BY THE STUDENT):
Reason for requesting a reduced course load – please check only one.

☐ I will be enrolled for a reduced course load due to improper course level placement.
   Can only be used ONCE PER DEGREE LEVEL. Student still needs to be enrolled at least half time.

☐ I will be enrolled for a reduced course load due to unfamiliarity with U.S. teaching methods.
   Allowed during the first semester of enrollment in degree courses ONLY. Student still needs to be enrolled at least half time.

☐ I will be enrolled for a reduced course load due to initial difficulties with the English language.
   Allowed during the first semester of enrollment in degree courses ONLY. Student still needs to be enrolled at least half time.

☐ I will be enrolled for a reduced course load due to initial difficulties with reading requirements.
   Allowed during the first semester of enrollment in degree courses ONLY. Student still needs to be enrolled at least half time.

☐ I will be enrolled for a reduced course load because it is my final semester and my remaining courses are less than a full course load.
   Can only be used during the last term of your degree program. If this option is chosen, your I-20 end date will be shortened to reflect the end date of the current semester.
SECTION 2: College Student Services Office Representative (Undergraduate Students) or Department/Graduate Chair (Graduate Students) Recommendation

A request for a reduced course load **MUST** be supported by the student’s College Student Services Office Representative (Undergraduate Students) or Department/Graduate Chair (Graduate Students). Please review the student’s plans and reason for requesting a reduced course load and complete the following section.

As this student’s College Student Services Office Representative (Undergraduate Students) or Department/Graduate Chair (Graduate Students), I confirm the following (please check both boxes):

- [ ] I have reviewed this student’s plans and support the request for a reduced course load.
- [ ] This student is making satisfactory progress towards the completion of the program and is expected to complete their program of study in ____________.

(Semester & Year)

If the student has indicated it is their final semester of study the student needs _______ credit hours to graduate.

Department Chair or College Representative’s Signature*: __________________________

Printed Name: __________________________________________

Title: __________________________________________________

College or Department: ______________________________________

Date: ____________________________________________________

* ISFS forms may only be signed by a representative from the College Student Services Office (Undergraduate Students) or Department/Graduate Chair’s (Graduate Students).

**THE COMPLETED FORM MUST BE RETURNED TO INTERNATIONAL STUDENT AND FACULTY SERVICES NO LATER THAN THE END OF THE 2ND WEEK OF THE SEMESTER.**

*For ISFS Use Only*

Notes:

Request for RCL approved: _______  Student notified: _______

Service Indicator Placed: _______  SEVIS/ISSM update: _______

Advisor/Date: __________________________