
Reduced Course Load Approval Undergraduate Student

Date: _____

To: Advisor/Department Chair _____
Department _____

From: Office of International Affairs, 215 Bradley Hall, and Campus 0058 Phone: 257-4067 x 241
Fax: 323-1026

RE: **UNDERGRADUATE REDUCED COURSE LOAD** Spring 200__ Fall 200__

Credit Hours: _____ List course numbers: _____

Anticipated date of graduation: Mo ____ Yr ____ (Course/s must be required for degree.)

Student's name: _____

According to U. S. Immigration regulations, **Undergraduates Students** must register full time (12 credit hours) in order to maintain legal status in the U.S. However, for the reasons listed below, a reduced course load may be permitted and the student will still be considered in status. **Students must receive prior approval of the DSO (Designated School Official) before reducing their course load. A student who drops below a full course of study without the prior approval of the DSO will be considered out of status.**

After obtaining the signature of your DGS, please return this form to 215 Bradley Hall in order to obtain approval by the DSO. The original will be retained in your file.

Academic Difficulties *(Limited to one semester; not less than 6 hours)*

- Student is having initial difficulties with the English language or reading requirements.
- Student is having initial difficulties due to unfamiliarity with American teaching methods.
- Student must drop class due to improper course level placement.

Completion of Course of Study

- Student is in the last semester of course work before graduation and is not required to enroll in any additional courses to satisfy the requirements.

Medical Condition

*(Limited to aggregate of 12 months; reduced course load or no course load; requires **letter of explanation** from a licensed medical doctor, doctor of osteopathy, or clinical psychologist; reauthorized prior to the beginning of each term, if applicable)*

- Student will take a reduced course load.
- Student will not be enrolled this semester.

Signature of Advisor/Chair: _____ Date: _____

Signature of DSO approving this RCL: _____ Date: _____