



Office of International Education
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 Utica, NY 13502-4892
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REQUEST FOR REDUCED COURSE LOAD

SECTION A: Request for Permission to be completed by STUDENT			
LAST NAME	FIRST NAME	UC ID#: 000	MAJOR
DATE YOU PLAN TO COMPLETE YOUR PROGRAM AT UC (MM/YYYY) ____/____/____			
Sponsored Students – Have you spoken to your sponsor regarding your request for less than full-time enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student's Signature: _____ Date: _____

SECTION B: To be completed by ACADEMIC ADVISOR				
<p>International students in F-1 status are required to maintain full-time enrollment during the school year. If you cannot or will not meet this requirement, you must request a reduced course load. Federal immigration regulations severely limit a student's ability to be less than full time, but it may be allowed in rare circumstances, explained below. Please note that immigration regulations do not consider financial difficulties as a valid reason for enrolling less than full time.</p> <p><i>A student who wishes to drop below full time must obtain approval from a DSO in advance, regardless what the reason might be. A student who drops below a full course of study (after the add/drop period), without prior approval from a DSO will be considered out of status.</i></p> <p>Please indicate the reason the student needs authorization to drop below a full course load:</p> <p><u>MEDICAL JUSTIFICATION: Can only be granted for one semester at a time (aggregate of 12 months allowed)</u></p> <p><input type="checkbox"/> Students requesting less than full time due to medical reasons must include a letter from a doctor (MD or DO) or psychologist that:</p> <p style="padding-left: 40px;">Specifically states that the provider is recommending reducing course enrollment. If they recommend that a student withdraw from all courses, the letter must specifically state that. If the provider is recommending the student drop a particular course or courses the letter must state that information. The letter must reference a specific diagnosis/medical issue. Letter must be on letterhead, dated and include an original signature (scans or copies will not be accepted).</p> <p><u>ACADEMIC: Allowed ONCE per program level (must be enrolled for at least half-time credits)</u></p> <p><input type="checkbox"/> The student is having initial difficulty with English language (<i>can only be used in the student's first semester</i>).</p> <p><input type="checkbox"/> The student is having initial difficulty with reading requirements (<i>can only be used in the student's first semester</i>).</p> <p><input type="checkbox"/> The student is unfamiliar with American teaching methods (<i>can only be used in the student's first semester</i>).</p> <p><input type="checkbox"/> The student has been placed in the improper course level (<i>please attach a letter of explanation</i>).</p> <p><u>FINAL TERM OF STUDY (must be enrolled in required remaining courses to complete course of study)</u></p> <p><input type="checkbox"/> The student needs less than a full course load to finish the degree program this semester. Student must consult with a DSO if they plan to take online classes.</p> <p>Dates requested*: ____/____/____ to ____/____/____ *Limited to ONE TERM ONLY</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name (Please Print)</td> <td style="width: 50%; padding: 5px;">Department</td> </tr> <tr> <td style="padding: 5px;">Phone Number</td> <td style="padding: 5px;">Email Address</td> </tr> </table>	Name (Please Print)	Department	Phone Number	Email Address
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<p>For OIE office use only:</p> <ul style="list-style-type: none"> • Int'l Student Advisor has approved RCL enrollment Signature _____ Date _____
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