Reduced Course Load Request
For J-1 Students

International students are required to enroll in a full course of study each semester. Exceptions to this requirement must be pre-approved by the student’s academic department and the IOCP office. A full course of study is defined as:

Undergraduate & Law (JD & exchange) students = 12 credits / Master’s and Doctoral students = 8 credits

Part A: To be completed by the Student

First Name ____________________________ Last Name _______________________________________
Student ID# ___________________________ Email ____________________________________________
Academic Level ________________________ Major/Degree Title _________________________________
Term requested _________________________ Intended number of credits of registration __________

Have you ever been approved for a reduced course load? ___ Yes ___ No

I understand that I must receive prior approval for reduced course load and that this authorization is valid only for the semester listed above.
Signature: __________________________________________ Date: ___________________________

Part B: To be completed by the Academic Department

*Or to be completed by Records & Registration for law students

Immigration regulations permit less than full-time enrollment only for the situations listed below. If you have questions, please contact the IOCP office. Please indicate the reason for the reduced course load:

☐ Student has completed required coursework and is engaged in thesis/dissertation research only. Must enroll in a minimum of one credit per semester.
☐ Student has an approved medical reason for a reduced course load. Limited to 12 months per degree level. Must attach written statement from licensed physician or psychologist and obtain approval from Counseling & Health Services Director ________________________________________________________________
☐ Student requires less than a full course load to finish degree program this term.
☐ Student has been approved for Academic Training for the current semester.
☐ The student has a compelling academic reason to pursue less than full time course of study. If this option is selected, must include an explanation from the academic department, and will be approved only at the discretion of the IOCP (attach written statement if necessary):

____________________________________________________________________________________
____________________________________________________________________________________

By signing below, I verify that I am aware of the situation listed above, have discussed educational implications with the student, and recommend a reduced course load for the term indicated above.

Name____________________________________ Department _________________________________
Signature _________________________________ Phone __________________ Date ________________

Part C: Approval of International & Off-Campus Programs Office

Signature* __________________________________________ Date ________________

*To Registration and Records: signature indicates permission to enroll less than full time for the semester above