



Reduced Course Load Authorization Form

STUDENT NAME: _____

I.D. #: _____

PROGRAM: _____

ADVISOR: _____

TERM: _____

For F-1 Students Registering Part-Time

U.S Citizenship and Immigration Services (USCIS) requires all students in F-1 status to pursue a full course of study each term. Listed below are circumstances under which an international student may be considered by the USCIS to be authorized for reduced course load.

TO BE COMPLETED BY THE ACADEMIC ADVISOR, DEAN, OR FACULTY ADVISOR:

I recommend that this student be certified for reduced course load for the above term, based on the following.

The student (check item):

_____ Is expected to complete all degree requirements by the end of this semester. [8 CFR 214.2(f)(6)(i)(B)]

_____ Is prevented by a medical condition from pursuing a full course of study. **A letter from a licensed medical doctor or licensed clinical psychologist residing in the United States must be attached.** The letter should include: (a) description of the medical problem, including how this affects the student’s ability to study; (b) details of treatment; (c) recommendation of when the student may resume taking full-time course work. [8 CFR 214.2(f)(6)(iii)]. ISSS must re-authorize the drop below full-course of study each semester, and new documentation must be provided. (Total time cannot exceed 12 months per degree program)

_____ Has initial academic difficulties that make full time registration unreasonable. Student is facing initial difficulties with the English language or reading requirements, unfamiliarity with U.S. teaching methods. [8CFR 214.2(f)(6)(iii)] **(One time exception only- Must be used in the student's first term at AUSB)**. Student must be registered for a minimum of 6 credit hours.

_____ Is advised to drop a course because of improper course level placement. Please describe basis for improper course placement. [8 CFR 214.2(f)(6)(iii)] **(One time exception only- must be used in the student's first term at AUSB)**. Student must be registered for a minimum of 6 credit hours.

COMMENTS (continue on back, if necessary):

Number of units registered for: _____ Anticipated program completion date: _____

Academic Advisor Name

Signature

Date

PDSO/DSO Name

Signature

Date