

After obtaining the required signatures from your academic advisor or medical provider, this form must be completed and your reduced course load will need to be approved by an OISS Advisor before you register or drop below full-time. Please contact OISS office (651) 962-6650 to make an appointment.

**EXCEPTION FROM THE FULL COURSE OF STUDY REQUIREMENT DURING FALL AND SPRING SEMESTERS**

U.S. Immigration Department requires all international students on F-1 and J-1 visas to enroll as full-time students during Fall and Spring academic semesters. Summer sessions and January term are optional for continuing students. The full-time requirements are as follows for Fall and Spring semesters:

- Undergraduates students (degree and non-degree): must register for a minimum of 12 credits
- Graduate students (degree and non-degree): must register for a minimum of 6 credits

**EXCEPTION FROM THE FULL COURSE OF STUDY REQUIREMENT WITH A SUMMER SESSION START DATE**

Students in F-1 or J-1 status who are beginning their program and have an I-20/DS-2019 start date that begins during the Summer session will need to be registered as full-time during the Summer session. The full-time requirements are as follows for a Summer session start date:

- Undergraduate students (degree and non-degree): must register for a minimum of 6 credits
- Graduate students (degree and non-degree): must register for a minimum of 3 credits

Note: Incomplete grades do not require completion of this form but you must be registered for the full number of credits for the following semester and you must complete your incomplete course.

**Complete this form within 10 days of the beginning of the semester, unless the reduction occurs later in the semester.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Level: UG\_\_\_ Grad\_\_\_

# of credits currently enrolled in: \_\_\_\_\_ RCL requested for the: Fall\_\_\_ Spring\_\_\_ Summer\_\_\_ term

**I request a reduced course load for the following reason:**

**Graduate Research** Requires the approval and signature of academic advisor. (page 2)

\_\_\_\_\_ Graduate student completed all of her/his coursework and is working on graduate research towards the thesis/dissertation.

**I request a reduced course load for the following reason:**

**Academic** Requires the approval and signature of academic advisor.

\_\_\_\_\_ Registered less than full-time due to academic reasons. Indicate the reason from the list below. This student must still carry 50% of the required full-time course requirements.

The following exceptions will be allowed only once at the beginning of the program of study:

- \_\_\_\_\_ a. Initial Difficulty with English Language
- \_\_\_\_\_ b. Initial Difficulty with Reading Requirements
- \_\_\_\_\_ c. Unfamiliarity with American Teaching Methods

The following exceptions will be allowed based on student's circumstances:

- \_\_\_\_\_ d. Improper Course Level Placement
- \_\_\_\_\_ e. To Complete Course of Study in Current Term (allowed during the last semester of study)

**Illness or Medical Condition** Requires letter from licensed medical doctor or licensed psychologist.

\_\_\_\_\_ Unable to be registered as a full-time student due to medical reasons. This needs to be accompanied by a letter from your licensed physician or licensed clinical psychologist recommending less than full-time study due to a medical condition. This letter must pertain only to the student and not to a child or spouse. This exception may not exceed an aggregated period of more than 12 months during program of study.

**Please note** that failure to register for at least one course will result in termination of UST health insurance, you must discuss your health insurance options with an OISS Advisor.

**Academic Advisor Completes:**

As the Academic Advisor for this student, I am aware of the circumstances described above, I have reviewed the educational implications of this request and I agree with the reason checked by the student for this exception.

Academic Advisor Name: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of International Students & Scholars Completes:**

As the International Student Advisor I am aware of the circumstances described above and approve this exception from a full course of study.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial: \_\_\_\_\_

OISS Signature: \_\_\_\_\_ Date: \_\_\_\_\_