

F-1 Reduced Course Load Application

Immigration Regulation: 8CFR214.2 (F)(6)(iii) Reduced Course Load

“The designated school official [DSO] may allow an F-1 student to engage in less than a full course of study... Except as otherwise noted, a reduced course load must consist of at least six semester hours or half the clock hours required for a full course of study [Undergraduates 6 hours; Graduates 3 hours]. A student who drops below a full course of study without the prior approval of the DSO will be considered out of status.”

Office of Immigration Reduced Course Load Instructions

- International students on F-1 visas who do not intend to take a full course load (Undergraduate 12 hours; Graduate 6 hours) must get approval from the Office of Immigration **before** dropping below full-time for Fall, Spring, or the first semester in a new program, or final semester of a program.
- If approved for a reduced course load, students are required to take a minimum on 6 credits at the University of South Alabama (except for a medical condition/or taking final semester).
- Students receiving funding from a Graduate Assistantship or Graduate Research Assistantship must receive approval from the Graduate School to receive their GA/GRA funding when less than full-time. Please consult your academic department directly for assistance.
- Requests should be submitted by the first week of classes of the requested term.
- A new Reduced Course Load Request form must be submitted each term of less than full-time enrollment.
- Unless the reduced course load is for completion of the program that term, students authorized for a reduced course load are NOT eligible for on-campus employment.
- Reduced Course Load Applications are approved/denied on a case-by-case basis. Please meet with an Immigration Coordinator to discuss your situation before filling out this application.

Student Information

Name: _____

(Last)

(First)

(Middle)

Local address: _____

(Street Address)

(Apt #)

(City) (State) (Zip Code)

SEVIS #: N _____ Jag ID#: _____

Phone #: _____ Email: _____

Education Level: Bachelor Master Specialist Doctoral

Student signature: _____ Date: _____

Directions: Please carefully read the descriptions, complete and provide the required documentation. All forms will be considered incomplete unless approved by the Office of Immigration.

Requested Term of Reduced Course Load: _____

Reason for request (check only one):

- Completion of Program (Final Semester): YOU MUST GRADUATE TO MAINTAIN YOUR STATUS!** Requires advisor/department approval on page 3.
- Unfamiliarity with US teaching methods in the first semester of study in the USA:** Requires advisor/department approval on page 3.
- Difficulty with English language in the first semester of study in the USA:** Requires advisor/department approval on page 3.
- Improper course level placement:** Requires advisor/department approval on page 3.
- Medical condition:** Provide official documentation from a physician or licensed mental health practitioner (according to Alabama Code 34-26-1 The State of Alabama requires that a licensed psychologist has a Phd in Psychology and has taken the Examination for Professional Practice in Psychology (EPPP) exam) stating the nature of the serious medical condition, the reason a reduced course load is necessary, and how many hours may be taken during that semester. This documentation must be on the physician's or practitioner's letterhead and it must include their contact information. If the problem continues or returns, a reduced course load for medical reasons must be requested **prior** to enrollment **each semester**. A maximum of up to 12 months per degree level (ESL, Bachelor's, Master's, etc.) is allowed.
****A reduction to zero hours is allowed if clearly recommended**

Please check what type of medical professional provided your letter:

- Licensed Medical Doctor Doctor of Osteopathy Licensed Clinical Psychologist

Academic Advisor Explanation and Signature:

List all courses, course numbers, and credit hours that are required for completion of the student's degree program this semester:

Academic Advisor's Approval

I understand that by signing this form I am verifying that the student listed on page one has been given permission to drop the courses above based on the recommendation by an approved medical professional listed above.

Name: _____ Signature: _____

Phone: _____ Email: _____ Date: _____

- Concurrent Enrollment:** Department of Homeland Security regulations provide that "An F-1 student may be enrolled in two different SEVIS-approved schools at one time as long as the combined enrollment amounts to a full time course of study." This is referred to as "concurrent enrollment."

Per regulation **8 CFR 214.2(f)(6)(iv)**, "An F-1 student may be enrolled in two different SEVIS-approved schools at one time as long as the combined enrollment amounts to a full time course of study. In cases where a student is concurrently enrolled, the school from which the student will earn his or her degree or certification should issue the Form I-20, and conduct subsequent certifications and updates to the Form I-20. The DSO from this school is also responsible for all of the reporting requirements to SEVIS. In instances where a student is enrolled in programs with different full course of study requirements (e.g., clock hours vs. credit hours), the DSO is permitted to determine what constitutes a full time course of study."

University of South Alabama students may enroll in concurrent enrollment **after** receiving permission from the Office of Immigration. A transcript proving registration at the concurrent institution must be submitted with this form. The student will also be required to have a signature from the P/DSO at the concurrent institution prior to approval. This approval must be requested **each** semester the student would like to be concurrently enrolled.

Name of institution: _____

P/DSO name: _____ P/DSO signature: _____ Date: _____

P/DSO phone number: _____ P/DSO email: _____

ACADEMIC ADVISOR/DEPARTMENTAL APPROVAL FOR REDUCED COURSE LOAD

Completion of course of study (final semester):

List all courses, course numbers, and credit hours that are required for completion of the student's degree program this semester:

Prior to signing this section, both the advisor and student should thoroughly discuss the likelihood of graduation. Failure to graduate after taking a reduced course load will in an immigration status violation. The student may lose the ability to use Optional Practical Training and/or remain in the United States as an F-1 student. The student bears all responsibility for the status violation, if graduation is denied for the semester of the approved reduced course load.

Academic Advisor's Approval

I understand that by signing this form I am verifying that the student listed on page one is only required to take the coursework listed above to be eligible to complete the course of study and graduate this semester.

Name: _____ Signature: _____
Phone: _____ Email: _____ Date: _____

Student's Acknowledgement

I understand that only one reduction due to final semester may be authorized per degree level. Furthermore, I understand that failure to graduate may result in a violation of immigration status and loss of any Optional Practical Training.

Student's name: _____ Signature: _____
Date: _____

Unfamiliarity with US teaching methods in the first semester of study in the USA or difficulty with English language in the first semester of study in the USA:

Academic explanation of situation necessitating reduced course load due to any of the above reasons:

Academic Advisor's Approval

I understand that by signing this form I am verifying that the student listed on page one is in his/her first semester of study in the United States and it is my recommendation that he/she be allowed a reduced course load this semester.

Name: _____ Signature: _____
Phone: _____ Email: _____ Date: _____

Improper course level placement:

Course name and number: _____

Explanation of the academic advisor/department **error** that resulted in improper course level placement:

Academic Advisor's Approval

I understand that by signing this form I am verifying that the student listed on page one was placed by myself or the department in an incorrect level or course and it is my recommendation that he/she be allowed a reduced course load this semester.

Name: _____ Signature: _____
Phone: _____ Email: _____ Date: _____