



International Student Services  
(803)754-4100, extension 3236  
Student Center, Student Life Office

## Reduced Course Load Authorization

To maintain F-1 student status, international students must be enrolled in a full course of study each fall and spring semester (summer enrollment is optional). For undergraduates, full-time enrollment is considered to be 12 hours. Graduate students are required to enroll in 9 hours. There are valid academic and medical reasons for enrolling less than full-time, as listed below. For any semester you are enrolled less than full-time, please complete the following form and have your academic advisor sign the bottom section. This will clarify any questions regarding your enrollment status. This form is due on or before the last day of drop/add period for the semester.

### To be completed by student:

Family name \_\_\_\_\_ First Name \_\_\_\_\_

CIU Student I.D. Number \_\_\_\_\_ Country \_\_\_\_\_

Local Address: \_\_\_\_\_ Box #: \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Degree Program: BS/BA \_\_\_ Master's \_\_\_ Major \_\_\_\_\_ Credits Taken to Date \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_ Completion Date on Current I-20: \_\_\_\_\_

**I hereby certify that the reason for less than full-time enrollment is correct.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Academic Advisor:

Semester: Fall \_\_\_ Spring \_\_\_ of 20\_\_\_ Number of credit hours currently enrolled: \_\_\_\_\_

### Indicate why you recommend student enroll less than full-time:

- Initial difficulties with the English language
- Initial difficulties with reading requirements
- Improper course level placement
- Student in last semester of degree program

Other: \_\_\_\_\_

**Please note:** United States Bureau of Citizenship and Immigration Services does not consider financial or scheduling difficulties to be valid reasons for enrolling less than full-time.

Academic Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_