

## Request for Approval to Take a Reduced Course Load Due to Completion of Study for Student in F-1 Status

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Service (CIS) regulations. The international student named below is applying for approval to take a reduced course load because he/she requires less than a full-time course load to graduate in the semester indicated below. **Permission from the Office of International Student Services (OISS) MUST be obtained before the student drops the course(s).** An F-1 student who drops below a full course of study without the **prior** approval of the OISS will be in violation of federal regulations governing F-1 students and will be considered to be out of status.

**Note: A student who registers for less than a full course load because he or she intends to graduate in that semester, and then does not graduate, will then be considered to be out of status and risks losing all F-1 benefits, including employment.**

**This form should be completed in full, and returned through inter-office mail (by the student's academic advisor), to the Office of International Student Services, Campus Center, Suite 230.**

### Section #1 - To be completed by the Student:

Student Name: \_\_\_\_\_ Degree Sought:  Associates  Certificate

Student ID#: H00 \_\_\_\_\_ Academic Major: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** you must also file a **Degree Application** with the Registrar's Office, which states your intention to graduate.

### Section #2 – To be completed by the Student's Academic Advisor or Department Chairperson:

Semester and Year for this request: Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

The student named above is applying for a reduced course load due to completion of course of study (student will graduate in the semester indicated).

I certify that the student named above will meet all requirements for graduation at the conclusion of the semester indicated above.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Telephone #

### Section #3 - For OISS Use Only:

OISS Action & Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Entered in SEVIS (Date & Initials): \_\_\_\_\_ Student notified via e-mail  
(date): \_\_\_\_\_

**Please return this form and any other necessary documentation to the Office of International Student Services, Campus Center, Suite 230.**