

Reduced Course Load for F-1 and J-1 Students

To maintain F-1 and J-1 status, international students must be enrolled in a full course of study each fall and spring semester. Summer enrollment is only required if it is the first or last semester of enrollment. **Note:** Students planning on graduating in August must be enrolled in a minimum of one credit hour on-campus.

Full-time requirements for Fall and Spring:

- √ Undergraduate students are required to enroll for 12 credit hours.
- √ Graduate students are required to enroll for 9 credit hours.
 - √ Students holding a Teaching or Research Assistantship may be in 6 credit hours.
- √ ELP students are required to enroll in 18 credit hours.

Regulations provide limited circumstances when an international student may be authorized for an RCL. These include academic reasons, medical issues and completion of study during the final term. In order to be request approval to reduce your course load, you must have this form completed and signed by you and your academic advisor/major professor/department graduate official or medical doctor. For Coursework Completion and Final Semester options, graduate students must also obtain the signature of the Dean of the Graduate School. Student and advisor will be notified if this request is denied.

You must receive PRIOR permission from ISSS to reduce your course load.

Do not enroll for less than full course load or drop below a full course load without prior permission.

Permission to reduce is only valid for the semester indicated on this application. If you want to reduce your course load after the withdrawal deadline, additional permission is required from an Academic Dean.

To be completed by the student

Name: _____ KSU/WID #: _____
Family First

E-mail: _____ Daytime Phone: _____

Visa Type: F-1 J-1 Major(s): _____

Education Level: _____ Expected graduation date: _____

Semester (s) for which a reduced course load is requested: _____
Semester(s)/Year

Do you intend to apply for OPT (Optional Practical Training) or AT (Academic Training) upon completion of your program?
Yes No

To be completed by the Academic Advisor/Major Professor/Dept. Graduate Director/Medical Official.

Please select the circumstances in which the student may be approved for enrolling less than full-time as well as the number of hours the student will enroll in for the semester requesting above.

Academic Difficulties

- Initial difficulty with the English language or reading requirements.
- Unfamiliarity with U.S. teaching methods.
- Improper course level placement

Explanation supporting above reason _____

Indicate number of credit hours student will be enrolled for semester listed above: _____

NOTE: If student will enroll in only one course, the course cannot be completed through online or distance education. You must enroll in a course that has an in-person instruction mode.

After receiving permission, the student is eligible to be enrolled for at least half the required full-time course load (i.e., undergraduates must enroll for a minimum of 6 credit hours, graduate students for 5 credit hours). You may receive permission to reduce your credit load due to an academic difficulty only once during the current degree level.

Medical Condition

- Temporary illness or medical condition. This form must be submitted with the signature of an appropriate medical official (as described below) as well as a letter on letterhead signed by said official.

The letter must:

- 1) recommend the student reduce a course load due to medical reasons. The letter from the medical professional must state how many credit hours s/he recommends the student be enrolled (even if it is zero). If zero, you will need to complete the *Notice of Withdrawal Form in Enrollment Services*;
- 2) be signed by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist;
- 3) substantiate the illness or medical condition and specify which semester the reduced course load is being recommended.

The following wording is suggested: As a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), I recommend "Student's full name and date of birth" reduce his/her course load to include "X" number of hours (or withdraw from all classes) due to a temporary illness or medical condition for the "appropriate semester."

After receiving permission, the student may enroll for the number of credit hours recommended by the doctor. You may only receive this permission for a maximum of 12 months (2 academic semesters) during the current degree level.

Coursework Completion

- Graduate students who are finishing all required coursework during the term requested or have completed all required coursework to date. This enrollment will be considered full-time for the approved semester(s). **Note:** To be eligible to be considered for this option an approved program of study must be on file in the Graduate School. This option is not available for graduate students employed on graduate assistantships if the appointment is for the entire semester.

Indicate the number of credit hours the student will enroll in for the semester requested: _____

Final Semester of Study

- Undergraduate or Master's degree student completing program of study at the end of the current term.

Number of hours necessary to complete degree requirements: _____

NOTE: If student will enroll in only one course, the course cannot be completed through online or distance education. You must enroll in a course that has an in-person instruction mode.

Note: This option is not available for graduate students employed on graduate assistantships if the appointment is for the entire semester.

After receiving permission, the student is eligible to be enrolled for the number of credit hours stated on this form. If the application for a reduced course load is based on final semester, the end date on the I-20 or DS-2019 will be adjusted to reflect the actual program completion date and a new I-20 or DS-2019 will be issued.

Student's Signature: _____ Date: _____

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Signature of Academic Advisor/Major Professor/Dept. Graduate Director/Medical Official

I hereby support the request for a reduced course load and certify the reason given is accurate. .

Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail: _____ Phone: _____

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Graduate students requesting course work completion or final semester must also provide documentation of student's progress to the Graduate School along with this form.

Signature of the Dean or Designate of Graduate School (for graduate students only)

Name: _____

Signature: _____ Date: _____

Office Use:	Request for RCL approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approval Stamp:
	I-20/DS-2019 end date shortened:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	New I-20/DS-2019 printed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	