

## Reduced Credit Request Form

*Students must submit this form to the international office prior to dropping below full-time enrollment. Failure to receive authorization violates federal regulations and jeopardizes the student's legal status.*

### Please Complete the Following Information:

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 SID 885- \_\_\_\_\_ SEVIS ID: \_\_\_\_\_  
 Local Address: \_\_\_\_\_ City, Zip, Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Program of Study: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 I-20 Expiration Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

I am requesting reduced enrollment authorization for \_\_\_\_\_ quarter in 20 \_\_\_\_\_ due to:

- Program Completion**  
 **Medical Reason** (*Must provide an official documentation and insurance if planning to stay in the U.S.*)  
 **Initial Difficulty with English Languages** (*First quarter in the U.S. only*)  
*Student experiencing language difficulties may be required to enroll in English language classes.*  
 **Unfamiliarity with American Teaching Methods** (*First Quarter in the U.S. only*)

*Note\* Students taking a reduced course load for medical or academic difficulty reasons may NOT engage in employment during the applicable quarter (s).*

### Do not write below. Office Use Only.

Number of credits student will take in the quarter noted above: \_\_\_\_\_

#### STUDENT'S CURRENT ACADEMIC STATUS/ANTICIPATED ACADEMIC PROGRESS

\*Regulations stipulate that all F-1 students make "normal progress" towards their degree at all times.

Is this student considered to be making "normal progress" towards his/her degree (progressing at the rate expected of ALL students in this program?)

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No: Explain \_\_\_\_\_

#### STUDENT HAS CONTINUALLY MAINTAINED IMMIGRATION STATUS

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No: Explain

### Office Use Only

Approved By \_\_\_\_\_  
 SEVIS Updated On \_\_\_\_\_ By \_\_\_\_\_ IO Database Updated On \_\_\_\_\_ By \_\_\_\_\_