

Reduced Course Load Request Form

Office of International Student Services, University of Portland

Name _____ UP ID _____

Requested term for reduced course load _____

The United States Citizenship and Immigration Services (USCIS) requires all F-1 and J-1 students to maintain a full course load at the institution they have been authorized to attend. A full course load is defined as 9 credit hours per term for Graduate students and 12 credit hours per term for Undergraduate students. Full-time summer enrollment is defined as 6 credits for Undergraduate students, 5 credits for Graduate students

According to USCIS regulations, students on F-1 and J-1 visas who wish to enroll in a reduced course load are required to receive **prior** approval from an international student advisor. To gain approval, complete and return this form to your ISS advisor.

Complete Section Only If Reason is Academic

To be approved by an international student advisor:

____ Student is requesting permission for reduced load during **final term of study**. The student has ____ required credits remaining and is expected to complete studies on _____ (last date of attendance).

OR

____ Student is requesting permission for reduced course load due to **academic difficulties**. The student will enroll in the required minimum of 6 credits. A student is permitted no more than 1 term with a reduced course load for academic reasons per academic program.

Initial difficulties with English

Improper Course Placement

Initial difficulties with Reading Requirements

Initial difficulties with American teaching methods

ISS Advisor's signature _____

Date _____

Complete Section Only If Reason is Non-Academic

____ Medical Leave: Student is requesting permission for reduced course load for medical reasons. The student is permitted to **no more than 12 months, in total, of reduced course load based on medical conditions** during an academic program. RCL Request Form and documentation will be required each term the reduced course load is requested. *(Additional written statement is required from a medical professional in this case. Please attach letter.)*

OR

____ Concurrent Enrollment: Student is requesting permission for reduced course load due to concurrent enrollment at another institution. The student will enroll in the required minimum of 6 credits at University of Portland. *(Proof of registration or transcript from other school is required in this case. Please attach documentation.)*

OR

____ Vacation Term: Student is requesting permission for reduced course load due to eligibility for vacation term. There is no minimum enrollment required.

Required Section: Student Statement (please initial at a. and b.' then sign/date at bottom)

I understand that...

____ a. This request for approval of a reduced course load is for the specified term only. Any future requests will require additional approval by an international advisor.

____ b. **Reducing my course load may affect my eligibility for an International Student Scholarship** for the specified term. Current scholarship amount is \$_____/per semester.

I verify that all the above information is correct to the best of my knowledge.

Student's signature _____

Date _____

Email _____

Phone _____

For ISS Office use only

Entered in SEVIS: ____/____/____ Initialed: _____ Requested

Term: _____

(Revised 11/25/19 kk)