

Florida Gulf Coast University
International Services Office
Reduced Course Load Request for F-1 Students

Immigration Regulation: 8CFR214.2 (F)(6)(iii) Reduced Course Load

"The designated school official [DSO] may allow an F-1 student to engage in less than a full course of study... Except as otherwise noted, a reduced course load must consist of at least six semester ...or half the clock hours required for a full course of study [Undergraduates 6 hours; Graduates 4.5 hours]. A student who drops below a full course of study without the prior approval of the DSO will be considered out of status."

FGCU/International Services Reduced Course Load Instructions

- International students on F-1 visas who do not intend to take a full course load (Undergraduate 12 hours; Graduate 9 hours) must get prior approval from International Services before registering for below full-time for Fall, Spring, or the first semester in a new program.
- If approved for a reduced course load, students are required to take a minimum of 6 credits at FGCU (except for a medical condition/ or taking final semester).
- Requests should be submitted by the first week of classes for the requested semester.
- A new Reduced Course Load Request form must be submitted each semester of less than full-time enrollment.
- Unless the reduced course load is for completion of the degree in the final semester or the student is cross enrolled, students authorized for a reduced course load are not eligible for on-campus employment.

You do not need to complete this form if the following applies:

- You are authorized for full-time curricular practical training (CPT) or optional practical training following completion of your degree (OPT).
- You are a graduate student who has completed all course work and are registered for ONLY thesis or dissertation hours.

Student Information:

Last/Family Name: _____ First Name: _____ Middle Name: _____
 Local Address: _____
Street Apt. # City State ZIP
 SEVIS Number: _____ FGCU ID#: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
 Education Level: Bachelor Master Doctoral Other (Specify): _____
 Student Signature: _____ Date: _____

Directions: Please fill out the form completely, carefully read the descriptions, and provide the required documentation. All forms will be considered incomplete unless approved by an advisor at International Services.

Semester of Reduced Course Load: _____ **Year:** _____

Reason (check only one):

Completion of Program (Final Semester): YOU MUST GRADUATE TO MAINTAIN YOUR STATUS. Requires advisor/department approval on back of form.

Unfamiliarity with US teaching methods in the first semester of study in the USA: Requires advisor/department approval on back of form.

Difficulty with English language in the first semester of study in the USA: Requires advisor/dept approval on back of form.

Improper course level placement: Requires advisor/department approval on back of form.

Medical condition: Provide official medical documentation stating the nature of the serious medical condition, the reason the reduced course load is necessary, and how many hours may be taken during that semester. This documentation must be on the physician's or practitioner's letterhead and must include their contact information. If the problem continues or returns, a reduced course load for medical reasons must be requested prior to enrollment **each semester**. Only up to a maximum of 12 months per degree level is allowed. ****NOTE: Zero hours are allowed if clearly recommended by the licensed medical professional; only medical practitioners listed below may provide documentation.** Please check what type of medical professional provided your letter:

Licensed Medical Doctor

Doctor of Osteopathy

Licensed Clinical Psychologist

☐Cross Enrollment: Provide proof of enrollment that includes the student's name, number of hours and specific semester of registration. Undergraduates must take at least half of the hours required for full-time enrollment [6 hours] at FGCU. Completion of this form does not guarantee transfer of credits from the other institution to FGCU.

For International Services Office Use Only

Check one: Approved Denied

Number of Hours Approved: _____

Immigration Adviser/DSO Signature: _____ Date: _____

ACADEMIC ADVISOR/DEPARTMENTAL APPROVAL FOR REDUCED COURSE LOAD

Completion of course of study (Final Semester):

List all courses, course numbers, and credit hours that are required for completion of the student's degree program this semester:



Prior to signing this section, both the advisor and student should thoroughly discuss the likelihood of graduation. Failure to graduate after taking a reduced course load will result in an immigration status violation. The student may lose the ability to use optional practical training and/or remain in the United States as an F-1 student. The student bears all responsibility for the status violation, if graduation is denied for the semester of the approved reduced course load.

Academic Advisor's Approval:

I understand that by signing this form I am verifying that the student listed on page one is only required to take the coursework listed above to be eligible to complete the course of study and graduate this semester.

Advisor's Name: _____ Signature: _____ Phone: _____ Date: _____

Student's Acknowledgement:

I understand that only one reduction due to final semester may be authorized per degree level. Furthermore, I understand that failure to graduate may result in a violation of immigration status and loss of any optional practical training.

Student's Name: _____ Signature: _____ Date: _____

Unfamiliarity with US teaching methods in the first semester of study in the USA: Difficulty with English language in the first semester of study in the USA:

Academic explanation of situation necessitating reduced course load due to any of the above reasons:

Academic Advisor's Approval:

I understand that by signing this form I am verifying that the student listed on page one is in his/her first semester of study in the United States and it is my recommendation that he/she be allowed a reduced course load this semester.

Advisor's Name: _____ Signature: _____ Phone: _____ Date: _____

Improper course level placement:

Course Name and Number (CRN): _____

Explanation of the academic advisor/department **error** that resulted in an improper course level placement:

Academic Advisor's Approval:

I understand that by signing this form I am verifying that the student listed on page one was placed by myself or the department in an incorrect level or course and it is my recommendation that he/she be allowed a reduced course load this semester.

Advisor's Name: _____ Signature: _____ Phone: _____ Date: _____