



**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 Acknowledgment:**

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: \_\_\_\_\_