UNIVERSITY OF NORTHERN VIRGINIA

Request for Reduced Course Load

Instructions to the STUDENT:
Complete this section of this form and attach a copy of your TRANSCRIPT to be submitted to your academic advisor to complete. Then, please return this form to the International Student Office BEFORE you drop below full-time status.

TERM EXPECTED TO GRADUATE: ○ *WI* ○ *SP* ○ *SU* ○ *FALL* **YEAR:** ○ *2012* ○ *2013*

DEGREE: ○ Bachelor ○ Master ○ Doctorate **MAJOR:**_____

PHONE NUMBER: _____ **SEVIS NUMBER: N**_____ **STUDENT ID**:_____

_____
Last/Family Name *First Name* *Middle Initial*

_____ _____
U.S. Mailing Address *City*

_____ _____ _____
State *Zip Code* *E-mail*

Instructions to ACADEMIC ADVISOR OR CHAIR OF DEPARTMENT:
Please complete this section of the form and return it to the student.

1.) Acceptable Academic reasons for a drop below full-time status for immigration purposes (please check one):

- ☐ Initial difficulty in English language or reading requirements. *(Applicable for the first two terms only)*
- ☐ Initial unfamiliarity with American teaching methods. *(Applicable for the first two terms only)*
- ☐ Improper course level placement.
- ☐ In final term of degree program and enrolled for the number of credit hours needed to complete the program of study.

Term requested for reduced course load: _____ **Intended number of credits:** _____

By my signature below, I confirm that I am the student's academic advisor and that I recommend the student's request for a reduced course load based on the indicated conditions above for the term requested:

NAME OF ACADEMIC ADVISOR/CHAIR/PROVOST:_____

SIGNATURE: _____ **DATE:**_____

2.) Acceptable Medical reason for a drop below full-time status for immigration purposes

- ☐ Illness of medical reason
  (Must attach a detailed letter from a doctor or clinical psychologist licensed to practice in the U.S. to this form)

Term requested for reduced course load: _____ **Intended number of credits:** _____

By my signature below, I recommend the less than full-time enrollment for this student for the term requested:

NAME OF DSO/ISA:_____

SIGNATURE: _____ **DATE:** _____