

## REDUCED COURSE LOAD REQUEST FORM

F-1 and J-1 students must enroll as full-time students every quarter of their program at UCSD. However, international students at UCSD are eligible to apply for a reduced course load under certain circumstances. To receive approval, students must first complete this form and meet with their college/graduate advisor **and** an International Student Advisor. **Students who drop below 12 units without prior authorization from our office may have immigration problems.**

### PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 PID Number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Level of Study:  Doctorate     Master     Bachelor     Non-Degree (EAP or GLI fellows)  
 Quarter for Reduced Course Load:  Fall     Winter     Spring    Year: \_\_\_\_\_  
 Number of UCSD Units You Will Have After Dropping: \_\_\_\_\_ Expected Graduation Term: \_\_\_\_\_

### REASON FOR REDUCED COURSE REQUEST

Check one of the following:

<u>ACADEMIC REASONS</u>	<u>FINAL QUARTER REASONS</u>	<u>MEDICAL REASONS</u>
<p><i>I understand that I am allowed to study part-time (less than 12 units) for <b>one term</b> at this level of study, and that I must remain enrolled in at least 6 units after being approved. An additional reduced course load can only be requested for my final quarter at this level of study or for medical reasons.</i></p> <p><input type="checkbox"/> Initial difficulties with the English language and/or with reading requirements</p> <p><input type="checkbox"/> Unfamiliarity with American teaching methods</p> <p><input type="checkbox"/> Withdrawal from a course due to improper course level placement</p>	<p><i>I understand I am allowed a reduced course load in my final quarter for:</i></p> <p><input type="checkbox"/> Undergraduates: to graduate with Bachelor's Degree submitted after week 2</p> <ul style="list-style-type: none"> <li>• Attach copy of degree audit by your college.</li> </ul> <p><input type="checkbox"/> Graduate: student's final coursework before thesis/exams or final quarter after week 2.</p> <ul style="list-style-type: none"> <li>• If paying a filing fee in lieu of registration, attach the <a href="#">Filing Fee Form</a>.</li> </ul>	<p><i>I understand that I am allowed to study part-time (less than 12 units) for up to 12 months due to illness or medical condition at this level of study. I understand that I must request a reduced course load for medical reasons on a quarter-by-quarter basis.</i></p> <p><input type="checkbox"/> Medical Reasons</p> <ul style="list-style-type: none"> <li>• Attach written recommendation from UCSD Student Health Center, Counseling and Psychological Services (CAPS), or a medical physician or psychologist.</li> </ul>

Explanation (Required)

\_\_\_\_\_

\_\_\_\_\_

Student Certification (Required)

This is to certify that I am requesting the International Students & Programs Office to update my SEVIS record to reflect authorized part-time study for the reason indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COLLEGE ADVISOR / GRADUATE COORDINATOR AUTHORIZATION

I am aware of the circumstances above and recommend reduced course load for the above-named student.

Comments \_\_\_\_\_

\_\_\_\_\_

College Advisor/Graduate Coordinator Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 College Advisor/Graduate Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNATIONAL STUDENTS & PROGRAMS OFFICE AUTHORIZATION

Approved  Denied    DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_