



The State University of New York Maritime College

REDUCED COURSE LOAD REQUEST FORM

The international student named below is applying for approval for a reduced course load. Permission from International Student Services must be obtained before the student drops any course(s). If prior approval is not obtained by International Student Services, the student will be considered in violation of federal regulations governing F-1 students and will be considered **out of status**.

Student Completes This Section:

Last Name: _____ First Name: _____

Student ID #: _____ SEVIS ID #: _____

Field of Study: _____ Level of Study: Undergraduate
 Graduate

Expected Date of Graduation: ____/____/____

E-mail: _____ Phone: _____

Advisor Completes This Section:

Indicate the term for which the student is requesting a reduced course load:

Fall

Spring Year: _____

Total number of credits the student will be registered for during the requested semester: _____

Indicate the reason for the reduced course load:

1. Documented medical leave (Attach doctor letter)
2. Final semester and less than full course load needed to complete graduation requirements.
3. Academic difficulty (authorization for part-time enrollment ONLY, no less than half of the minimum requirement for full-time study)
- ___ a. initial difficulty with the English language
 - ___ b. initial difficulty with reading requirements
 - ___ c. unfamiliarity with American teaching methods
 - ___ d. improper course level placement (provide course number and name): _____

Advisor's Signature

Name & Title (please print)

Department (please print)

Date

Phone

For Office Use Only:

Student notified by e-mail (date): _____ ISS Action & Date: _____ Initials: _____

Entered in SEVIS (Date): _____