

Request for Reduced Course Load

The Catholic University of America

Please complete and return to the address below

Students with F-1 and J-1 immigration status are required to maintain full-time registration status for the duration of their academic programs. Full-time status is defined as registration for a minimum of 12 credit hours for undergraduate and Law students, 8 credits for graduate students and 18 clock hours for Intensive English language students. However, federal regulations allow students to carry a reduced course load under limited circumstances, listed below, upon recommendation of their Dean or Academic Adviser and the authorization of the International Student Advisor.

TO BE COMPLETED BY THE STUDENT	
Family Name	First Name
Student Identification Number	School
Degree Program	Major
Scheduled Completion Date:	Visa Status: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
Signature of Student:	Date:
TO BE COMPLETED BY THE ACADEMIC ADVISOR	
I have advised this student to register for part-time study for the _____ SPRING _____ FALL _____ YEAR because she/he:	
_____ is a newly admitted student in the first semester of study in the academic program at the university and has encountered either English language difficulties; improper course level placement or difficulties adjusting to the Academic environment, which makes full-time enrollment unreasonable.	
_____ has been advised by a doctor to take a reduced course load for medical reasons. (see attached documentation from a licensed Medical Doctor, Doctor of Osteopathy or Clinical Psychologist)	
_____ is taking all available courses to meet completion of program requirements (available in <u>final semester of formal classes only</u> , excluding comprehensives, dissertation guidance, orals, recital preparation [music] etc).	
Name of Academic Advisor (print):	
Signature of Academic Advisor:	Date:
TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR	
The above request has been:	
<input type="checkbox"/> Approved <input type="checkbox"/> SEVIS updated <input type="checkbox"/> Denied, reason for denial:	
Name of International Student Advisor:	
Signature:	Date:

International Student & Scholar Services
 Pryzbyla 201
 Washington, DC 20064
 Tel. 202. 319.5618 Fax 202.319.5894