

*International Student Services*

Rev. 07/2021

REDUCED COURSELOAD APPLICATION

All students on F or J visas who must enroll for fewer than normal hours must complete this form to be certified as full-time for immigration purposes. Please attach any required certification. This form is not valid until completed, endorsed by a faculty member if required, and approved by the International Student Services. **Failure to receive approval for a reduced course load prior to the start of the semester will result in termination of your SEVIS record, loss of F-1 status, and ineligibility for any employment, including on-campus employment and practical training. Reinstatement to F-1 status, which cannot be guaranteed, can take 6 weeks or longer, there will be a filing fee.** This form must be completed **BEFORE** every fall and spring semester for which a student will fall below full-time status.

I am a pursuing the following type of degree (check one):

 Undergraduate  Master’s without  Master’s with  Doctoral

 Graduate Assistantship Graduate Assistantship 

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting certification as a full-time student with \_\_\_\_\_\_\_ semester hours for the \_\_\_\_\_\_\_\_\_\_\_\_ semester, 20\_\_\_\_.

The request is based on the following:

* A. I have a medical need. I am unable to take a full course of study due to a medical condition for which I am seeking treatment. (You must attach an original letter from the physician or other medical professional who is treating you. This letter must clearly state the medical problem and the length of time required for treatment before you can resume full-time study.)
* B. I have difficulties with adjustment to education in the English language or the U.S. educational system. My first semester of regular course enrollment at Norfolk State University was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my first semester at any U.S. educational institution was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If this is your first semester in full-time non-English study at Norfolk State, it is not normally necessary to meet with the Designated School Official (DSO). Please write an explanation of the problems you are having on the back of this form. If this is not your first semester, please see the DSO to discuss what documentation is required.)

**PLEASE NOTE: SECTIONS C, D, AND E TO BE COMPLETED BY ADVISOR OR FACULTY**

* C. Student dropped a course due to an academic advisement problem. The course dropped was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the reason he/she dropped it was:  Did not have the proper prerequisites  He/ She had covered the course material in a course previously taken Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your academic advisor or the professor teaching the class you dropped must sign the certification below. If dropping more than one course, place the additional information on the back of this form.)

* D. Student has completed all course work for graduation degree and has only thesis/dissertation credit or an examination to pass. (Your graduate advisor must sign the certification below.)
* E. Student will graduate from Norfolk State this semester. (Your advisor must sign below. If you fail to graduate as expected, you must visit the International Student Services before registering for the next term.)

**Student’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I verify that the information given above concerning the student’s need for a reduced course load is accurate.**

 **The student is expected to graduate no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)**

Advisor or Graduate Program Coordinator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_