

Reduced Course Load Authorization Form

For F-1 Students Registering Part-Time

TO BE COMPLETED BY THE STUDENT:

Name: _____ Country of Citizenship _____

ID# _____ E-Mail: _____

Semester & year not registered full-time: Fall _____ Spring _____ Summer _____

The student above has requested permission to register for less than a full-time course load (12 credits for undergraduate students, 9 credits for graduate students). U.S. Citizenship and Immigration Services (USCIS) require all F-1 students' status to pursue a full course of studies each semester. The Office of International Programs is legally responsible for verifying the academic enrollment status of students for immigration purposes, and must approve requests for reduced course load in order for a student to be considered in legal status. Following are circumstances under which an international student may be considered by the USCIS to be authorized for reduced course load. If the situation of the student you are advising does not fit one of these categories, please contact International Programs for assistance, at 773-995-2582.

TO BE COMPLETED BY THE ACADEMIC ADVISOR, DEAN, OR FACULTY ADVISOR:

I recommend that this student be certified full-time for the above semester, based on the following. The student:

- ☐ Is expected to complete all degree requirements by the end of this semester. [8 CFR 214.2(f)(6)(iii)c]
- ☐ Is prevented by a medical condition from pursuing a full course of study. **A letter from a licensed medical doctor or licensed clinical psychologist residing in the United States must be attached.** The letter should include: (a) a statement that this will affect student's ability to study; (b) recommendation of when the student may resume taking full-time course work. [8 CFR 214.2(f)(6)(b)]. OIP must re-authorize the drop below full-course of study each semester, and new documentation must be provided. (Total time cannot exceed 12 months per degree program)
- ☐ Has initial academic difficulties that make full time registration unreasonable. Students is facing initial difficulties with the English language or reading requirements, unfamiliarity with U.S. teaching methods. [8CFR 214.2(f)(6)(iii)(a)] (One time exception only- Must be used in the student's first term at CSU). Students must be registered for a minimum of 6 credit hours.
- ☐ Is advised to drop a course because of improper course level placement. Please describe basis for improper course placement. [8CFR 214.2(f)(6)(iii)] **(One time exception only- must be used in the student's first term at CSU).** Student must be registered for a minimum of 6 credit hours.

COMMENTS (continue on back if necessary):

of hours registered for: _____ Anticipated completion date of program: _____

Name: Dean/Academic Advisor/ Faculty Advisor

Signature

Date

Name of OIP Advisor

Signature

Date

Office of International Programs *9501 South Martin Luther King Jr. Drive * Chicago, Illinois 60628 * Phone: 773.995.2582
Fax: 995.2840 * E-mail: oip@csu.edu * web site: www.csu.edu

Program Extension Form

Academic Advisor's Recommendation

Name: _____ CSU ID#: _____
Last First

Date Current I-20 Will Expire _____ Email _____ Phone _____

☐ Bachelor's ☐ Master's ☐ Ph.D. Major: _____

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

The student listed below has informed the Office of International Programs (OIP) that he/she requires additional time to complete his/her program. U.S. Citizenship and Immigration Services (USCIS) will permit our office to extend a student's program completion date for **compelling** academic or medical reasons [8 CFR 214.2 (f) (7)]. Delays caused by academic probation or suspension are not acceptable reasons for program extension.

Before a program extension is processed by OIP, the student must provide detailed written documentation from his/her academic advisor, explaining the reason for additional time. This information is necessary for the student to maintain valid F-1 status. Please return the completed form to OIP, Cordell Reed Student Union Building, 240.

To be eligible for a program extension, the student must be engaged in full-time academic work. In the space provided, describe the reasons that justify additionally full-time study in the program. Use the back of this form if additional space required or attach documentation that supports this request.

The student has not completed the current academic program as a result of:

☐ Change in major from _____ to _____,

Requiring addition _____ # of credits

- ☐ Change in thesis or dissertation research topic (please explain in detail the progress on thesis/dissertation)
- ☐ Unexpected research problems (Please explain in detail the nature of the problem and proposed course of action)
- ☐ Documented illness (Please include a doctor's note, if not already submitted. Documentation must be on file in OIP)
- ☐ Delay in completion of program due to English Language requirement
- ☐ Other _____ (for review by OIP)

Based on the information provided, the student's recommended new completion date is:

NEW COMPLETION DATE: _____/_____/_____
MM DD YY

Name of Academic/Faculty Advisor Signature Phone Date

Office of International Programs *9501 South Martin Luther King Jr. Drive * Chicago, Illinois 60628 * Phone: 773.995.2582
Fax: 995.2840 * E-mail: oip@csu.edu web site: www.csu.edu