REDUCED CREDIT LOAD & FULL-TIME EQUIVALENCY

This form must be completed and approved by your International Student Advisor BEFORE dropping below full time. Failure to do so may directly impact your immigration status in the United States.

Today's Date: ____________________________  UWL ID#: ____________________________
(MM/DD/YY)

Student's Name (Family Name, First Name): ____________________________

Semester of request: ____________________________  Current immigration status: ______ F-1 ______ J-1
(Fall or Spring)  (circle one)

To Be Completed by the Student's Advisor, Medical Physician or Licensed Clinical Psychologist

Name: ____________________________

Please Print: Name of Academic Advisor, Attending Physician, or Psychologist Completing Form

I recommend that the student named above be allowed to drop below a full-time academic load* as required by USCIS regulations. I understand that final approval must come from International Education & Engagement.

*A full-time load is defined for immigration purposes as 12 credits for undergraduates and 9 credits for graduate students per regulations set forth in 8 C.F.R. 214.2(f)(6)(i). Exceptions found in 8 C.F.R. 214.2(f)(6)(iii), 8 C.F.R. 214.2(f)(6)(i)(B), and 8 C.F.R. 214.2(f)(5)(iv).

The reason for the student’s exception is (check all that apply):

☐ The student is in their first academic year and is having difficulties with the English language or reading requirements (authorized for one term only). Student must still enroll in at least 6 credits to maintain status.

☐ The student is in their first academic year and is unfamiliar with U.S. teaching methods (authorized for one term only). Student must still enroll in at least 6 credits to maintain status.

☐ The student has been advised to drop a course because of improper course level placement (authorized for one term only). Student must still enroll in at least 6 credits to maintain status.

☐ The student is in their final semester of required coursework and is taking all available courses to meet graduation requirements.

☐ The student has completed required coursework and is preparing for a comprehensive examination.

☐ The student has completed required coursework and is working on thesis/dissertation. This may be authorized for more than one semester. ____________ Check if this reason is applicable until the student’s graduation

Student’s expected graduation date is (semester/year): ____________________________

☐ Medical reason (must attach a signed letter from the medical physician or licensed clinical psychologist and medical documentation) 214.2(f)(6)(iii)(B) Medical RCL cannot to exceed an aggregate of 12 months at a particular program level. Letter from the physician or psychologist must be provided to OIE for each semester.

Comments: ____________________________

__________________________________________  ____________________________
Signature: ________________  Today's Date ________________

Title/Position: ____________________________  Telephone Number ____________________________

Department/Office: ____________________________