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: 20 __________  Year (Fall or Spring)

Current immigration status:  F-1  J-1

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.

☐ 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 IEE for each semester.

Comments: ____________________________________________________________________________

____________________________________________________________________________________

__________________________________________       ________________________________
Signature: ____________________________________________________________________________       Today’s Date
Title/Position: _________________________________________________________________________       Telephone Number
Department/Office: ____________________________________________________________________