

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

## International Services Office

### Request for permission to engage in a Reduced Course Load

(Note: Approval from an ISO advisor must be granted and reported to the DHS PRIOR to engaging in a reduced course load)

U.S. government regulations stipulate that all international students in **F-1 or J-1 status** must *maintain* full-time enrollment (12 credits for undergraduate and 9 credits for graduate students each semester (excluding authorized summer vacations). Requests should be submitted prior to the start of the semester. A student who drops below full time without PRIOR approval from an ISO advisor will be considered out of status.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Student I.D. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Immigration Status: \_\_\_\_\_ Credit hours currently enrolled (for semester of request): \_\_\_\_\_  
Degree Level: \_\_\_\_\_ Major: \_\_\_\_\_ School: \_\_\_\_\_  
Anticipated Date of Graduation: \_\_\_\_\_ Semester/Year of Request: \_\_\_\_\_

GW is legally required to verify the academic enrollment status of all international students each term. Authorizations for a reduced course load must be reported to the Department of Homeland Security (DHS) through SEVIS along with information on the reason, the dates of the authorization, and the start date of the next term. DHS must be notified when the student has resumed full time enrollment. The Academic Advisor is responsible for evaluating the student's academic record and for providing supporting certification as to the accuracy and validity of reasons cited below, if applicable. DHS allows the ISO to authorize a reduced course load **exclusively for reasons listed below**. Please note that DHS does not consider financial difficulties or the unavailability of certain courses as valid reasons for enrolling for less than full-time.

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

**I recommend that this student be authorized to drop below full time enrollment for the semester listed above, based on the following reason(s) and attached explanations. A supplementary letter of support from the academic advisor (on letterhead) must be attached when based on academic difficulties or final term.**

- Academic Difficulties.** During their course of study, an F-1 student may only be authorized on ONE occasion (excluding authorized summer vacations) to drop below full-time due to academic difficulties and must resume full time enrollment at the start of the next available semester. A reduced course load must consist of at least six credits for undergraduate and graduate students.
- Has initial English language deficiencies that make full time registration unreasonable. Please specify the reason and explain the additional activity the student will pursue to gain proficiency in English.
- has initial difficulties with the English language or reading requirements.
- is unfamiliar with U.S. teaching methods.
- Was improperly placed in \_\_\_\_\_, a course for which he/she is under prepared and should drop. It is now too late in the current semester to add another course. Next semester, the student will register for an appropriate pre-requisite course \_\_\_\_\_.
- Final Term.** Is expected to complete all degree requirements by the end of this semester and has no other courses or requirements. (If you are engaged in a Masters Thesis, please submit a Full Time Certification Form.)
- Medical Condition.** Has a medical condition that forces him/her to reduce or interrupt a full course of study. Authorizations for part-time enrollment based on illness may not exceed an aggregate of twelve (12) months. The student must provide current medical documentation for each semester and an ISO advisor must reauthorize the drop below full time for each semester. **A letter from the attending (licensed) medical doctor must be attached. The letter should include: (a) a description of the medical condition, including, (b) how this affects the student's ability to study, (c) details of treatment, (d) recommendation of when the student may begin taking full-time course work.**

Based on my review of the student's record, I hereby certify that the reason for the exemption from full-time status is correct.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail address / phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deans' Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail address / phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of ISO/DSO

\_\_\_\_\_  
Signature

**Approved**  **Denied**

S:/...Fall 2005 Reduced Course Load FINAL

\_\_\_\_\_  
Date

Updated 10/27/2014

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