INTERNATIONAL STUDENT SERVICES
Reduced Course Load Form
Medical or Academic Certification for International Students Enrolled Less than Full-Time

Student Name: ____________________________________________

Student ID: ________________ Phone Number: ________________ Email: ____________________________

Degree Program: ___________________________________________ Anticipated Graduation Date: _______/

This form covers the following semester: Fall 20__________ Spring 20_______ A new form is required for each semester

U.S. Immigration law requires international students to **ENROLL in and COMPLETE a full-time** course of study during each Fall and Spring semester. Full-time study is defined as twelve (12) credit hours. Students are required to receive approval from a **Designated School Official** before dropping/withdrawing **BELOW** required number of credits in order to remain in status.

**Medical Reason:**

- ☐ Student has a temporary illness or medical condition. Attached is documentation/letter for this semester only from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that recommends registration for less or no credits based upon the situation. Student must not exceed a total period of 12 months of medical exemption at the same program level (Associate, Bachelor, Master). **No academic advisor signature required.**

**Academic Reason:**

The Department of Homeland Security (DHS) has approved the academic circumstances listed below. An academic advisor can only sign this form. Only one reduction in course load may be authorized for academic difficulty during the entire program of study (Associate, Bachelor, Master). Supporting letter from academic advisor or degree audit report (DARS) must be submitted with this form (in accordance with withdraw rational).

**Academic Advisor:** Please check the item that applies.

- ☐ Student has been advised to withdraw from a course due to improper course-level placement. Student must maintain a minimum of six-credit course load. (Letter from advisor required.)

- ☐ Student is in the first academic semester and is unfamiliar with American teaching methods. Student must maintain a minimum of six-credit course load. (Letter from advisor required.)

- ☐ Student shows initial difficulty with the English language or reading requirements. Student must maintain a minimum of six-credit course load. (Letter from advisor required.)

- ☐ Student is in their final semester and fewer than 12 credits are needed for completion. Student must be enrolled in at least one major/program required class during their final semester. (DARS is required.)

**I am aware of the circumstances described above and have reviewed the educational implications for this student.**

______________________________  ______________________________  __________________
Signature -- Academic Advisor Print Name -- Academic Advisor Date
(Turn over, complete other side of form)
Student Name: ____________________________________________________________

Student ID: ______________________

The classes I am withdrawing from are:

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<tr>
<th>Semester/Year</th>
<th>Course ID</th>
<th>Subject</th>
<th>Course #</th>
<th>Section #</th>
<th>Credits</th>
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I agree to withdraw from the following classes and I authorize Century College to complete the withdrawal on my behalf.

_________________________________________________________  ________________
Student Signature  Date

Please return to Christine or Erik in the ACC. Student will be contacted only if there are any questions regarding this form.

DSO Initials: ___________________ Date: _____________________
New program end date (if applicable): __________________________

Date entered in SEVIS: ___________________