

# INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut 2011 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800

Web: <http://www.iss.uconn.edu> Email: [international@uconn.edu](mailto:international@uconn.edu)

## REDUCED COURSE LOAD AUTHORIZATION REQUEST FORM

### SECTION A: *To be Completed by Student*

Name: \_\_\_\_\_ UConn ID: \_\_\_\_\_  
Family Name First Name  
Academic Major: \_\_\_\_\_ Email Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Visa:  F-1  J-1  
Program:  Bachelor's  Master's  Doctorate  Exchange Student  Other \_\_\_\_\_

I am requesting a Reduced Course Load because:

- I will graduate this semester and I need less than full time coursework to complete my degree. *Please ask your academic advisor to complete Section B before submitting this form to ISSS.*
- I am experiencing academic difficulties

Have you ever been authorized to take a reduced course load for **academic difficulty** in the past (including other schools attended in the U.S.)?  Yes  No

- I have a documented **illness or medical condition** (can be mental health and physical health)

Have you ever been authorized to take a reduced course load for an **illness or medical condition** in the past (including other schools attended in the U.S.)?  Yes  No

I certify that I have reviewed the reduced course load information (page 1) and that I understand I must receive a new I-20 from ISSS prior to taking a Reduced Course Load for academic difficulty/medical reasons:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: ACADEMIC ADVISOR RECOMMENDATION FOR REDUCED COURSE LOAD TO COMPLETE COURSE OF STUDY IN FINAL SEMESTER

*Please Select Option that Best Fits the Student's Completion Plan*

**Option 1:** \_\_\_\_\_

**Student will/did graduate at end of Fall/Spring/Summer term (circle one) in year:** \_\_\_\_\_.

*ISSS will update the student's Program End Date on the Form I-20 to the Last Day of Semester*

**Option 2:** \_\_\_\_\_

Graduate student will seek an Alternate Completion Date.

Expected date of degree completion/date student completed degree: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

*ISSS will update student's I-20 to list the early graduation date, and this will be the student's deadline to submit all degree requirements. The student must separate from on-campus employment no later than this date.*

**Option 3:** \_\_\_\_\_

**Student is in a Plan B Master's program with exam degree requirement; exam offered only after last semester of coursework.**

Date of exam: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

I have reviewed and completed this form, and that it reflects this student's academic standing within his/her degree program.

Name of Academic Advisor: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: ISSS Use Only - for Academic/Medical Reduced Course Load Authorizations**

In consultation with the applicant for the Reduced Course Load I have evaluated the circumstances and consider the student eligible for a Reduced Course Load pursuant to 8 CFR § 214.2(f)(6)(iii) based on the following eligibility criteria:

- Student is experiencing difficulty because of (please choose the most appropriate, only one):**
  - Improper course level placement
  - Unfamiliarity with American teaching methods
  - Initial difficulties with the English Language
  - Initial difficulties with reading requirements
- Illness or Medical Condition** (*A letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, certifying the difficulty to be engaged in full-time study is on file.*)

Student will take \_\_\_\_ credits during period of authorized reduced course load. DSO Signature: \_\_\_\_\_