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

Question 1:
1. The student will complete or did complete at the end of the semester? Yes / No

If yes, confirm which term they will/did complete: 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, or Last Day of Graduate Assistantship (if applicable).

Question 2: Will the student or did the student graduate with an alternate completion date? Yes/No

Examples: Student completes early due to flex course ending more than two weeks before semester; student requires an exam offered after the end of term; or student otherwise requests an alternate completion date.

If yes, expected alternate 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 or Graduate Assistantship no later than this date.

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: ___________________________