



Office of International Education
 Delaney Hall B-25, 920 Grant Street
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 www.iup.edu/international

REDUCED COURSELOAD AUTHORIZATION FOR IMMIGRATION PURPOSES

Final Semester Deadline: by end of Drop/Add Period
Academic Difficulty Deadline: Semester Withdrawal Deadline

Permission to withdraw from classes and be below 12 undergraduate or 9 graduate credits during the fall or spring semesters is required for F-1 and J-1 students to maintain legal immigration status. You **MUST** have approval from the OIE before dropping classes. If you withdraw from classes without permission—our office is to comply with immigration regulations and terminate your SEVIS record and you will be out of status (illegal). Undergraduate students approved for a reduced courseload must still register for 6 credits; graduate students must register for 6 (except for final semester of study or thesis). Masters/Doctoral Students: Being approved for a reduced courseload is only related to immigration status. If you drop below full-time, you need to check with your employer/Department about employment implications. **Doctoral students working on their dissertation are considered “full-time” for immigration purposes with one or more dissertation credits.**

Date: _____ Student ID#: @_____

Name: _____ Email: _____

Visa Type: F1 J1

Semester for which you are requesting part-time: _____

Reason for part-time request:

_____ Final Semester of study – (Undergrads will enroll in at least 6 credits; Grads 3 credits)

Academic Advisor Approval for final semester: _____ Date: _____

_____ Experiencing academic difficulties: **(This can only be used one semester during the first year)**

- _____ difficulty with English language
- _____ difficulty with reading requirements
- _____ unfamiliarity with English teaching methods
- _____ other (must meet with International Student Advisor)

(J1 students: a letter from your academic advisor listing a bona fide academic reason for reduced courseload is required)

_____ Medical condition (Letter from doctor required, describe illness and amount of time needed to recover).

OIE USE ONLY			
Approved	Denied	_____	_____
		Signature	Date
Student Notified _____			