

# Reduced Course Load Approval Form

**READ THIS FIRST BEFORE SIGNING:** I understand that F-1 undergraduate students are required by the U.S. Citizenship and Immigration Services (U.S. CIS), to take a minimum of 12 credit hours per semester (9 credit hours for graduate students) to maintain F-1 student status.

I also understand that dropping below the minimum requirement without proper authorization will cause me to lose my F-1 student status and that **I must either return home or seek reinstatement of my F-1 status from the U.S. CIS as soon as possible. Failure to do so will disqualify me from practical training (OPT and CPT), on-campus employment, transferring to another school and other benefits to which F-1 students are entitled.**

I have read the above and fully understand the consequences if I drop below the minimum requirement without proper authorization --- 12 hours for undergraduate students and 9 hours for graduate students.

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**Name of Student**

**Signature of Student**

**Date**

**REASON FOR TAKING LESS THAN A FULL-TIME COURSE LOAD/DROPPING A CLASS  
(No academic advisor's signature required):**

1. \_\_\_ This is my first semester (or my first semester after completing the IE program) and I am having difficulty with English although I have fulfilled the minimum English proficiency requirement of the university.
2. \_\_\_ This is my first semester and I am having difficulty due to unfamiliarity with American teaching methods and/or with the course reading requirements.
3. \_\_\_ My doctor or health care professional recommends this. I have attached current documents signed by the doctor or health care professional.

**REASON FOR TAKING LESS THAN A FULL-TIME COURSE LOAD/DROPPING A CLASS  
(Academic advisor's signature required below):**

4. \_\_\_ This is the final semester of my program. I need less than a full course load to graduate.
5. \_\_\_ I am unable to take a full-time course load due to the following academic/advising reason (please explain in detail below or attach documentation to this form):

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**\*\*Name of Advisor**

**Signature of advisor**

**Date**

(\*\* = required for #4-5 above)

**ACTION BY INTERNATIONAL STUDENT ADVISOR**

1. \_\_\_ The drop is authorized in accordance with U.S. CIS regulations.
2. \_\_\_ The drop is **NOT** authorized. If the student drops, he/she must seek reinstatement with the U.S. CIS in order to maintain good standing with Washburn University.

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**Name of Int'l Advisor**

**Signature**

**Date**