



Office of International Programs  
331 Martindale  
University, Mississippi 38677 - USA  
Tel: +1 (662) 915-7404  
Fax: +1 (662) 915-7486  
www.international.olemiss.edu

## F-1 Reduced Course Load Application

### **Immigration Regulation: 8CFR214.2 (F)(6)(iii) Reduced Course Load**

“The designated school official [DSO] may allow an F-1 student to engage in less than a full course of study... Except as otherwise noted, a reduced course load must consist of at least six semester ...or half the clock hours required for a full course of study [Undergraduates 6 hours; Graduates 4.5 hours]. A student who drops below a full course of study without the prior approval of the DSO will be considered out of status.”

### **Office of International Programs Reduced Course Load Instructions**

- International students on F-1 visas who do not intend to take a full course load (Undergraduate 12 hours; Graduate 9 hours) must get prior approval from the Office of International Programs before registering for below full-time for fall, spring, or summer if it is the student’s first term.
- If approved for a reduced course load, students are required to take a minimum of 6 credits at Ole Miss (except for a medical condition/ or taking final semester).
- A new Reduced Course Load Application must be submitted each semester of less than full-time enrollment.
- Students with an assistantship or scholarship that requires full time enrollment need to discuss the consequences of being less than full time with the department offering the award as approval may result in loss of the assistantship/scholarship
- Reduced Course Load Applications are approved/denied on a case by case basis.

### **Do not need complete this form if:**

- You are authorized for full-time curricular practical training (CPT) or optional practical training following completion of your degree (OPT).

### **Student Information**

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Local address: \_\_\_\_\_

(Street Address)

(Apt #)

(City)

(State)

(Zip Code)

SEVIS #: N \_\_\_\_\_ UM ID#: \_\_\_\_\_

Phone number \_\_\_\_\_

Education Level:  Bachelor  Master  Specialist  Doctoral  Other (Specify): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Directions:** Please carefully read the descriptions, fill out the form completely, and provide the required documentation. All forms will be considered incomplete unless approved by the International Programs Advisor.

**Requested Semester of Reduced Course Load:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_

**Reason for request (check only one):**

**Completion of Program (Final Semester): YOU MUST GRADUATE TO MAINTAIN YOUR STATUS! If only one course is needed, it cannot be taken as an online course.** Requires advisor/department approval on page 3.

**Unfamiliarity with US teaching methods in the first semester of study in the USA:** Requires advisor/department approval on page 3.

**Difficulty with English language in the first semester of study in the USA:** Requires advisor/department approval on page 3.

**Improper course level placement:** Requires advisor/department approval on page 3 and can only be done once per degree level but only if reduced course for unfamiliarity with US teaching methods or difficulty with English language was not previously given.

**Medical condition:** Provide official medical documentation confirming the need for reduced course load and specifying how many hours should be taken during that semester. This documentation must be on the physician's or practitioner's letterhead and must include their contact information. If the problem continues or returns, a reduced course load for medical reasons must be requested **prior** to enrollment **each semester**. Up to a maximum of 12 months per degree level is allowed. **\*\*NOTE: Zero hours are allowed if clearly recommended by the licensed medical professional; only medical practitioners listed below may provide documentation.** Please check what type of medical professional provided your letter:

Licensed Medical Doctor     Doctor of Osteopathy     Licensed Clinical Psychologist



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### **ACADEMIC ADVISOR/DEPARTMENTAL APPROVAL FOR REDUCED COURSE LOAD**

#### **Completion of course of study (Final Semester):**

List all courses, course numbers, and credit hours that are required for completion of the student's degree program this semester. When only one course is needed, the course cannot be taken as an online course.

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**Prior to signing this section, both the advisor and student should thoroughly discuss the likelihood of graduation. Failure to graduate after taking a reduced course load will result in an immigration status violation. The student may lose the ability to use optional practical training and/or remain in the United States as an F-1 student. The student bears all responsibility for the status violation, if graduation is denied for the semester of the approved reduced course load.**

#### **Academic Advisor's Approval**

I understand that by signing this form I am verifying that the student listed on page one is only required to take the coursework listed above to be eligible to complete the course of study and graduate this semester.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Student's Acknowledgement**

I understand that only one reduction due to final semester may be authorized per degree level. Furthermore, I understand that failure to graduate may result in a violation of immigration status and loss of any optional practical training.

#### **Unfamiliarity with US teaching methods in the first semester of study in the USA or difficulty with English language in the first semester of study in the USA:**

Academic explanation of situation necessitating reduced course load due to any of the above reasons:

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#### **Academic Advisor's Approval**

I understand that by signing this form I am verifying that the student listed on page one is in his/her first semester of study in the United States and it is my recommendation that he/she be allowed a reduced course load this semester.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Improper course level placement:**

Course Name and Number: \_\_\_\_\_

Explanation of the academic advisor/department **error** that resulted in an improper course level placement:

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#### **Academic Advisor's Approval**

I understand that by signing this form I am verifying that the student listed on page one was placed by myself or the department in an incorrect level or course and it is my recommendation that he/she be allowed a reduced course load this semester.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_