International Center
219 University Center
303 East Kearsley Street
Flint, MI 48502-1950
Email
Phone: 810-762-0867 Fax: 810-762-0006

REDUCED COURSE LOAD REQUEST

Section A: to be completed by the student [print clearly]

Name: _____
last first middle

Date of birth: _____ Gender: _____

UM ID #:_____ SEVIS ID # _____

Email: _____ Phone #: _____

Please indicate the reason for less than full time enrollment, with substantial proof:

- ❑ **Academic difficulties -** initial difficulty with the English language or reading requirements, unfamiliarity with U.S. teaching methods, or improper course level placement. Student must resume full course load during the next academic semester.
- ❑ **Medical conditions** - must be based on a medical condition diagnosed and documented by a licensed medical doctor, or a licensed clinical psychologist. Documentation must be specific and must accompany this form. The physician or psychologist must recommend either part time enrollment or no enrollment and must indicate the term for which the reduce course load is applicable. A reduced course load for medical reasons can be recommended for more than one term but cannot exceed 12 months in aggregate. The student must re-apply for a reduced course load for each new semester.
- ❑ **Completion of course study –** the study will be in his/her final term of study and does not need a full course load to complete the degree program.
- ❑ **Concurrent enrollment** – the student is taking courses at another approved institution and enrollment at both schools amounts to a full course of study. A student must take the majority of their coursework at UM-Flint. The student must have prior approval from their academic department and the Registrar's Office verifying that the courses will be counted toward the degree program.

Signature _____ Date _____

Section B: to be completed by an International Student Advisor ISA [please check all that apply]

- ❑ Verified the student's immigration status and information in Section A;
- ❑ Attached all required documents listed above to this request form;
- ❑ Verified the student's eligibility for reduced course load for (specify the term): _____
- ❑ Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)]; Specify:
  - ☐ initial difficulties with English language
  - ☐ unfamiliarity with American teaching method
  - ☐ initial difficulties with reading requirements
  - ☐ improper course level placement
- ❑ Medical Reason [8 CFR 214.2(f)(6)(iii)(B)]. The student is/will be enrolled for (# of credit hours) _____;
- ❑ Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)]; Expected to complete study by_____.

ISA initials: _____ Date: _____