

International Student & Scholar Services

REDUCED COURSE LOAD FORM

This form must be submitted to ISSS (International Students & Scholars Services) before the end of the add/drop period of the semester to which it applies or prior to dropping any class throughout the semester that would place you below the normal full-time enrollment requirements (12 credits for undergraduates and 9 credits for graduates). Submitting this form does **not** guarantee approval for a reduced course load. Please wait for approval confirmation from your International Student Advisor before dropping any class. Additional documentation may be required depending upon the reason.

Section A: To Be Completed by Student

Name: _____
(Last/Family Name) (First/Given Name)

SEVIS ID: _____ NKU ID: _____ Email: _____

Phone: _____ Education Level: Bachelor's Master's Doctorate Immigration Type: F-1 J-1

Semester/Year Requested: _____ Proposed Number of Credits: _____

Section B: To Be Completed by Advisor

Please use this form to verify your student's request for a reduced course load. Please indicate which course(s) the student is authorized to drop/withdraw from, if applicable. If none of the reasons below applies, do not sign this form. Call ISSS at 572-6517 with questions.

Applicable to All Students (Choose One)

- Initial difficulty with the English language or reading requirements (available only first term)
- Initial unfamiliarity with American teaching methods (available only first term)
- Improper course level placement (available only once per program)
- In final semester of degree program and enrolled for number of credits necessary to graduate. (available only once per program)

Please indicate course(s) required: _____

- Illness or Medical Reason (Must submit letter from a U.S.-licensed doctor or clinical psychologist detailing medical reason and recommendation for a reduced course load)

Course(s) that student is authorized to drop/withdraw: _____

Applicable to Graduate Students

- Student has completed/is completing formal coursework and is working full-time on thesis or dissertation.

Academic Advisor, Name: _____ Signature: _____ Date: _____

For Graduate Students Only

Your signature below will certify that the student's proposed reduced course load will fulfill Northern Kentucky University Graduate Programs requirements for maintaining full-time enrollment status.

Dean, Program Director, Name: _____ Signature: _____ Date: _____

ISSS USE ONLY: Approved Denied **If Denied, reason:** _____

Date: _____ **Processed by:** _____ **Course(s) authorized to drop:** _____