International Student & Scholar Services
website augsburg.edu/isss *email* isss@augsburg.edu
phone 612-330-1659 *campus box* 68
location Oyaté Commons, Christensen Center

AUGSBURG UNIVERSITY

Reduced Course Load Request Form

To maintain proper immigration status, all international students with F-1 visas must register for a full course of study in order to maintain status.

Undergraduates students must maintain a minimum of 12 credits/semester in fall and spring semester. Graduate students must maintain a minimum of 6 credits/semester for Fall, Spring, and Summer.

If you fail to register for a full course of study without an acceptable reason, you will lose your legal status in the United States. **The only exceptions to the full course of study requirement are below and must be approved by an ISSS advisor BEFORE you drop below full course of study by completing this form with your advisor.** This must be approved before the end of the semester. If approved, keep a copy of this document with your immigration documents.

Student Information

This form must be signed by you, your faculty advisor and returned to an ISSS advisor **before** you drop below the full course load.

Last Name _____ First Name _____ Augsburg ID _____

Major _____ Program Level: Bachelors _____ Masters _____

U.S. Address _____

Phone _____ Email Address _____

Please select the reason below for the Reduced Course Load. These are the only acceptable reasons as an international student to drop below a full course of study at any point in the semester. Please select only one.

- ☐ I have initial difficulty with English language and/or reading requirements. *Note: First year only.*
- ☐ I am unfamiliar with U.S. teaching methods. *Note: First year only.*
- ☐ I have the improper course level placement.
- ☐ I am a part time border commuter student.
- ☐ I will complete course of study in current. *Note: Last semester only.*
- ☐ I have a medical condition that prevents a full-time study. *Attach written statement from physician. Note: Medical statement must pertain to student, not to relative.*

Semester & Year of Reduced Course Load Fall _____ Spring _____ Summer _____ Year _____

By signing and dating below, I understand I must complete this form and get approval from my International Student Advisor(DSO) before I drop below full time enrollment.

Student signature _____ Date _____

Faculty Advisor or Department Chair

By signing below, I am aware of the circumstances described above and agree with the above reason for this exception.

Faculty Advisor signature _____ Date _____

Name (*please print*) _____ Title _____ Phone _____

International Student Advisor (DSO)

By signing below, the Designated School Official has approved students reduced course load for indicated semesters. Designated School Official will use this information to update the student's record in SEVIS.

Advisor (DSO) signature _____ Date _____

Updated on 6/27/2019