

Reduced Course Load Form for F-1 International Students

General Information:

All Alabama A&M University international students are required to maintain F-1 status while in the U.S. To maintain F-1 status, students must enroll full-time every Fall and Spring semester. Students are required to enroll in a full course of study with a minimum of 12 credits each semester for undergraduate students and a minimum of 9 credits each semester for graduate students. Summer enrollment is not required by the F-1 regulations.

International students are required to maintain full-time enrollment; if you cannot or will not meet this requirement, you must request a reduced course load. According to 8 CFR § 214.2(f)(6)(iii), the Designated School Official (DSO) may allow an F-1 student to engage in less than a full course of study in some circumstances, as explained below. **A student who wishes to drop below full time must obtain approval from the DSO prior to the start of the semester for which the RCL is requested, regardless of what the reason might be.** If you drop below full time without authorization you will be considered out of status, your SEVIS record will be terminated, and you will lose your F-1 status.

Immigration Approved Reasons to Drop Below Full-time:

- Immigration regulations specify four academic difficulty reasons for which a reduced course load (RCL) may be approved:
 - Initial difficulties with the English language (first year students only)
 - Initial difficulties with reading requirements (first year students only)
 - Unfamiliarity with American teaching methods (first year students only)
 - Improper course level placement
- Immigration regulations allow for a RCL if, due to a temporary illness or medical condition, he/she is unable to be enrolled full time (or, if necessary, no course load). A RCL for medical reasons can be granted for no longer than 12 months during one degree level. Please complete this form each semester a RCL is needed.
- Immigration regulations allow for a RCL if in his/her final semester fewer courses are needed and required to complete the degree program.
- Please be advised that a lack of financial support and incompletes from a previous semester do not constitute valid reasons to have a RCL according to immigration regulations.

NOTE: If approved for a reduced course load, you are still eligible for on-campus employment benefits.

Please read this form carefully before signing. If you have any questions, please don't hesitate to ask the DSO.

Name: _____
Last/Family/Surname *First/Given* *Middle*

U.S. Cellphone: _____ AAMU E-mail: _____

Major(s) and Concentration(s): _____

Current Graduation Date: _____ Anticipated Graduation Date (if it will change due to RCL): _____

Semester requesting reduced course load: _____, 20_____
Fall or Spring

Course(s) you will drop: _____ New credit load: _____

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that this request is for a specified semester only and I must continue to maintain my F-1 status while on a reduced course load.

Signature _____ Date _____

Reason for Reduced Course Load (Please check 1 reason and submit required documentation with this form):

- I will graduate at the end of this semester and need fewer than 12 credits to complete my degree.**
Student must have approval from their Academic Advisor and the DSO must receive confirmation via e-mail of this prior to authorizing the RCL.
- I have a temporary illness or medical condition which limits my ability to study full-time.**
A letter from a licensed medical physician, doctor of osteopathy or licensed clinical psychologist on letterhead, recommending a RCL on the basis of a medical condition for which you have received care is required. The letter need not detail the diagnosis or treatment but must specify whether the recommendation is for part-time study or no study (0 credits) and the dates for which it is recommended. The letter cannot be dated more than 30 days before the start of the semester for which the RCL is requested.
- I am having academic difficulty but will be enrolled for at least half the required full-time course load.**
A letter on letterhead from your academic advisor recommending the RCL on the basis of [insert one of the four difficulty reasons below] and elaborating on the circumstances is required.
- Initial difficulties with the English language
 - Initial difficulties with reading requirements
 - Unfamiliarity with American teaching methods
 - Improper course level placement

After you submit this form and supporting documents to the DSO, he/she will determine your eligibility for a RCL, report your RCL in SEVIS, and generate a new form I-20 for you.

**ACADEMIC ADVISING INFORMATION
TO BE COMPLETED BY STUDENT'S AAMU ACADEMIC ADVISOR**

AAMU Student ID Number: A00 _____ **Date:** _____

Student Name: _____
First Name Last Name

The student above is requesting a reduced course load for one of the below listed reason(s). A letter on letterhead from the student's academic advisor, recommending the RCL on the basis of one or more of the below listed reasons and elaborating on the circumstances, is required. Please complete this page and attach your letter.

Select one of the options below to indicate whether or not you recommend the extension.

Please indicate the most appropriate reason that applies to the student's request:

- Initial difficulties with the English language
- Initial difficulties with reading requirements
- Unfamiliarity with American teaching methods
- Improper course level placement
- I would not recommend a reduction in course load.

Semester and year student first enrolled in AAMU credit courses: _____

Courses student needs to complete for degree program:

(Please attach a separate page if additional space is needed. Alternatively, you can attach an AAMU Degreeworks Worksheet.)

How many semesters does the student need to complete his/her program:

(Student must be in enrolled in 12 credit hours each semester (9 credit hours for Graduate Students) unless it is their final semester at AAMU)

___One ___Two ___Other (please specify) _____

PRINT Academic Advisor Name Academic Advisor Signature Date

This page and the letter must be emailed by the advisor to the DSO

Students last names beginning A- L: Ms. Beatrice Porter, DSO, beatrice.porter@aamu.edu, 256-372-8122
Students last name beginning M – Z: Dr. Pamela Little, PDSO, pamela.little@aamu.edu, 256-372-4869