

DEPARTMENT OF INTERNATIONAL SERVICES & PROGRAMS

University of Connecticut 2110 Hillside Road, Unit 3083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800 Web: www.disp.uconn.edu

REDUCED COURSE LOAD AUTHORIZATION REQUEST FORM

Federal regulations require F-1/J-1 students to pursue the completion of their degree program on a full-time basis at all times. Full-time status is determined as follows:

Undergraduate students:	12 credits	LLM students:	9 credits
Graduate students:	9 credits (without an assistantship) 6 credits (with an assistantship)	JD students:	12 credits

For any exceptions to the above, a student **MUST** obtain authorization from an International Advisor at DISP **BEFORE** s/he drops any courses. Failure to do so will be considered a status violation and it **WILL** result in termination of the student's SEVIS record. It is strongly recommended that the student has an advisory meeting with the International Advisor if he/she wishes to have a reduced course load.

Please complete and submit this form to DISP for review. If **approved**, the International Advisor will authorize your reduced course load and report it to SEVIS. Please note that, if you are a graduate student (excluding Law School students), you also need to get Graduate School Approval before submitting the form to DISP.

SECTION A: To be Completed by Student

Name: _____ UConn ID: _____
Family name First Name

Department: _____ Major: _____

Email Address _____ Phone: _____

Degree Sought/Program: Bachelor's Master's Doctorate Visa status: F-1 J-1

Graduate School Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Grad School Signature: _____
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SECTION B: To be Completed by Academic Advisor

Requested reduced credit load [if continuing registration, enter 0]: _____
Semester to have reduced credit load: Fall Spring _____ (year)
Expected date of degree completion: _____ (mm/dd/yyyy)

Check the statement that applies:

- Student IS pursuing completion of studies on a FULL-TIME basis (Graduate Students only):
 - Student has completed all course requirements
 - Student has passed the general exams
 - Student is working on their dissertation or thesis
- This is the student's last semester
- Student is experiencing difficulty because of: (Note: Any reasons below are acceptable only for student's first semester unless otherwise specified and authorized by a Designated School Official at DISP)
 - Improper course level placement
 - Unfamiliarity with American teaching methods
 - Initial difficulties with the English Language/reading requirement
- Illness or Medical Condition (a letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, certifying the difficulty to be engaged in full-time study is required. The letter must be signed original, on the physician's office letterhead, and indicate the length of time needed for recovery.)

If this is not the student's FIRST semester with continuous registration (0 credit), the academic advisor must provide further explanation why the student needs more than one continuous registration to complete the degree.

I certify that I have reviewed and completed this form, and that it reflects this student's academic standing within his/her degree program.

Name of Academic Advisor: _____ Phone or Email: _____
Signature: _____ Date: _____

DISP USE ONLY

I have reviewed this application and determined that the RCL being requested IS IS NOT approved.

Reason of denial: _____

Name of RO/ARO: _____ Signature: _____ Date: _____