

Office of International Student Services

1110 Alondra Blvd, Norwalk, CA 90650 USA 562-860-2451. ext. 2133



Reduced Course Load Request Form

To maintain immigration status, international students on an F-1 visa are required to be enrolled full-time (12 units) every semester, except Summer.

Permission may be granted to enroll full-time, under certain circumstances listed below.

Reduced Course Load Reque	ested for: Li Fall Li Spring Year: _	lotal units authorized:	
	Student ID Number: SEVID ID Number:		
Last name:	First Name:	Middle Name:	
Local U.S. Street Address:			
City:	_ State:	Zip Code:	
Telephone:	🗆 House 🗆 Mol	oile/Cell Email:	
Select only ONE of the following reasons:			
☐ Academic Difficult	: Y an request to take 1-11 units for on	e of the following reasons:	
Counselor Confirmation	– Please select the appropriate rea	son for reduced course load request	
☐ Improper course			
	American teaching methods swith English language		
	s with Reading requirements		
☐ Due to COVID-19: lack of resources for online learning, unfamiliarity with online teaching methods, anxiety/stress			
management Please note: 3-4 reasons are acceptable only <u>ONCE</u> program of study.			
rease note: 5 Treasons o	program c	. 3.00.7.	
The degree MUST be conference of the conference	red at the end of the semester wher reduced course load for having 1-11 our I-20 visa document will reflect t	<u>F</u> the student is to complete all graduation require e the reduced course load is granted. units left to compete your academic program, you he end date listed above. You will be considered a p	are expected to graduate at the
The above-named student a	EPARTMENT CONFIRMATION as [# of units] units left in]: Fall Spring Summer Year	order to obtain their degree. Successful completi	on of these units will meet the
(DSO) for additional informational students needing documentation verifying the or licensed clinical psychological	ng to enroll less than full-time of be medical condition. This includes (buggist must include the recommendat	ease schedule an appointment with a counselor or absent for one semester due to a medical/health cut not limited to) a letter from a CA licensed medication from the doctor to take a reduced course load of that you are under a doctor's care. Only letters on counseloads	condition must submit al doctor, doctor of osteopathy, or be absent during the
Note: Cannot exceed <u>12 r</u>	nonths during program level of s	tudy.	
Student Name:			
Counselor Name:			
DSO Name:	DSO Signature:	Date:	