

To: Academic Advisor or Major Professor

Request for a Reduced Course Load

United States Citizenship and Immigration Services (USCIS) requires all international students to take a full course of study each semester to maintain their immigration status. Any student who fails to register full time must be reported to USCIS by Ball State University as “out of status” which could seriously affect their ability to remain in the U.S. and successfully complete their degree program.

A full course of study for fall and spring semesters is defined as:

- **12 credit hours** for an undergraduate student
- **9 credit hours** for a graduate student
- **6 credit hours** for a graduate student that holds an assistantship

Under certain conditions, USCIS allows a student to enroll for fewer credits. The following conditions require an academic advisor or major professor verification and authorization by a Foreign Student Advisor at BSU:

- **Valid academic reasons.** This reason can be used **ONLY ONE SEMESTER** during an academic program at each degree level. A student must take at least half of the required full time credits as appropriate to program level.
- **Less than a full course load is needed in the final semester.** Available only **ONE** time for each program level in the student’s last semester of study.
- **A graduate student conducting research or working on thesis or dissertation** but not enrolled full time. **Available as long as the student is making normal academic progress.** Students must register for MASTR 600/THES 698 or DOC 700/DISS 799 as appropriate for academic situation and program level. Students enrolled in only in CRPRJ 698, RES 697 or engaged in Comprehensive Exams may also qualify with additional documentation and approvals.

The following conditions require additional documentation as indicated:

- **Medical illness or condition** that prevents the student from taking a full course load. Available for no more than twelve (12) months for each degree level. Please attach a letter from a medical doctor or licensed clinical psychologist documenting the student’s inability to carry a full course load.

Please consult the Rinker Center for International Programs before allowing students to drop below a full course load as this could affect their immigration status!

To: Academic Advisor or Major Professor

Student Request for a Reduced Course Load for the _____ Semester

Student's Information

Name: _____ BSU ID: _____ Degree Level: _____
Major: _____ E-Mail: _____ Phone: _____

Please use this form to verify your student's request for a reduced course load. If none of the reasons below applies, do not sign this form.

Before a student drops below a full course load, the student must discuss the reasons with his/her academic advisor or major professor. The academic advisor or major professor needs to verify any academic reasons for enrolling less than full time. After the Reduced Course Load form is signed by the academic advisor or major professor, **it must be sent in a sealed department envelope** to the Rinker Center for International Programs for approval at least three business days before dropping below full time.

_____ **Student has valid academic reasons for a reduced course load**
 _____ unfamiliarity with American teaching methods _____ improper course level placement
 _____ Initial Difficulty with English Language

_____ **Student is a graduate student engaged full time in research or work on thesis or dissertation and making normal academic progress.**
 (Students must register for MASTR 600/THES 698 or DOC 700/DISS 799 as appropriate for academic situation and program level Students enrolled in only in CRPRJ 698, RES 697 or engaged in Comprehensive Exams may also qualify with additional documentation and approvals)

_____ **Student is in his/her final semester and requires less than full-time course load to complete degree requirements.** (Available only ONE time for each program level in the student's last semester of study)

_____ **Student has an illness or medical condition that precludes him/her from taking a full course load.**
 Besides your signature, this choice also requires a confirmation letter from the student's medical doctor or licensed clinical psychologist.

Academic Advisor or Major Professor

Name: _____ Signature: _____
Phone: _____ E-mail: _____ Date: _____

Acceptable only if returned in sealed department envelope to:

Rinker Center for International Programs Student Center, Room 102 Muncie, IN 47306 USA
Phone: 765-285-5422 Fax: 765-285-3710

RCIP Use Only: Entered: _____ Approved by: _____ Date: _____