

**UNIVERSITY OF SOUTHERN MISSISSIPPI  
INTERNATIONAL STUDENT AFFAIRS  
Box 5151, 317 MCLEMORE HALL  
PHONE 266-4841  
REDUCED COURSELOAD FORM**

**PLEASE NOTE: THIS FORM MUST BE COMPLETED PRIOR TO REGISTERING FOR LESS THAN A FULL COURSE OF STUDY OR DROPPING BELOW A FULL COURSE LOAD**

\_\_\_\_\_  
(Student's Name – please print)

\_\_\_\_\_  
(Empl ID)

Academic Advisor's Name \_\_\_\_\_

Today's date: \_\_\_\_\_

Requested term for reduced course load: Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year: 20 \_\_\_\_\_

**ACADEMIC ADVISOR CERTIFICATION FOR F-1/J-1 STUDENTS TAKING LESS THAN A FULL COURSE OF STUDY DUE TO ACADEMIC DIFFICULTIES**

This student is in the United States in F-1/J-1 status, and is bound by Bureau of Citizenship and Immigration Services (BCIS) regulations that require full-time study during the academic year. Full-time study is defined as twelve semester hours of registration for undergraduate students and nine semester hours for graduate students.

There are circumstances that justify enrollment for **fewer hours** but students must be enrolled at least half-time (5-6 credits for graduates or 6 for undergraduates). Please note: During the course of study within one program level, a student can only be authorized only one occasion to reduce his or her course load due to academic difficulties. An exception may apply to students with a confirmed medical condition.

Since you are in the best position to supply information about this student's academic situation, we are asking you to indicate which of the following situations, if any, explains why the student is not currently registered for a full course of study. Please check the item that applies. If you wish to add comments, please do so on the bottom of this sheet. Quotations are from 8CFR 214.2 (f)(6)(iii), which includes justifications that are open to interpretation.

I recommend that this student be considered engaged in less than a full course load for the following reason:

\_\_\_\_\_ He/she is expected to complete all degree requirements this semester

\_\_\_\_\_ He/she has initial difficulty with the English language or reading requirements

\_\_\_\_\_ He/she is unfamiliar with U.S. teaching methods

\_\_\_\_\_ He/she has been advised to drop a course because of improper course level placement

\_\_\_\_\_  
Academic Advisor's Signature DSO/International Advisor's

Comments: \_\_\_\_\_

**Please see other side for Graduate Student Exemptions and Medical Conditions**

**GRADUATE STUDENTS WHO HAVE COMPLETED THEIR COURSEWORK**

Graduate students engaged in preparation for comprehensive examinations or thesis/dissertation activities after completion of coursework must have this form endorsed by their Academic Advisor, Department Chair and Foreign Student Advisor. If approved, students must be enrolled, but are not required to take a full course load.

\_\_\_\_\_ is preparing to take a comprehensive examination (i.e. qualifying examination before progressing to thesis/dissertation – not GRE, GMAT, or other extraneous examinations)

\_\_\_\_\_ has completed all course work and is engaged in thesis or dissertation activities

\_\_\_\_\_  
**Academic Advisor/Supervising Professor**

\_\_\_\_\_  
**Departmental Chair**

\_\_\_\_\_  
**DSO/Foreign Student Advisor**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS**

Students having a confirmed and documented medical condition may be authorized a reduced course load for a period not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. A student may be authorized a reduced course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months. Students must attach a written recommendation from a license medical doctor, doctor of osteopathy, or licensed clinical psychologist.

\_\_\_\_\_ He/she has a medical condition documented by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist

\_\_\_\_\_  
**DSO/Foreign Student Advisor**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_