International Center
University of Missouri

F-1/J-1 Student
Request for Reduced Course Load

Full-time enrollment is considered:

- Undergraduate students: Enrolled in at least 12 credit hours
- Graduate students without an assistantship: Enrolled in at least 9 credit hours
- Graduate students with an assistantship: Enrolled in at least 6 credit hours
- Doctoral students who have passed comprehensive exams: Maintenance of continual doctoral enrollment (at least two credit hours in fall and spring, and one credit hour in summer)

TO BE COMPLETED BY STUDENT

Name: _____
last/family first/given

MU ID: _____ Department: _____

Level: ☐ Undergraduate ☐ Graduate Expected graduation date: _____

Semester requesting reduced course load: ☐ Fall ☐ Spring year: _____

Number of credits you will take: _____

TO BE COMPLETED BY ACADEMIC ADVISER

There are limited situations in which an international student may take a reduced course load. Listed below are the only legally acceptable reasons; please check all that apply.

☐ Student is having difficulty in their first or second semester with:

- ☐ English language
- ☐ Reading requirements
- ☐ American teaching methods
- ☐ Improper course placement

☐ **Graduate students only:** Student has already completed all required formal coursework and the only degree requirements remaining include research, projects, thesis or equivalent. To be eligible, graduate student must enroll in at least one credit hour of research, projects, thesis or equivalent. (Once submitted, this reduced course load form will suffice for all future semesters.)

☐ Student will graduate at the end of this semester.

☐ Student has a medical condition (attach documentation from a licensed health care provider).

☐ Student is also taking classes at another school (attach a registration confirmation from the other school). Must have class name, number of credit hours, mode of instruction, semester in which you are enrolled.

Signature: _____ Date: _____

Name: _____ Title: _____

INTERNATIONAL STUDENT ADVISER AUTHORIZATION

Signature: _____ Date: _____ ☐ Approved ☐ Denied

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