Reduced Course Load Application Form

ACADEMIC ADVISER CERTIFICATION FOR INTERNATIONAL STUDENTS ENROLLED LESS THAN FULL-TIME
*This form must be processed by the International Student Program Office before the student drops below full time status.

Name of Student: __________________________________ _____________________________  
(Family/Last name)      (Given/First name)  
Degree Objective: ___________________________ Anticipated Graduation Date: ____________  
This form covers the ________________ semester of 20 ________________ (to graduation)  

U.S. Immigration law required international students to register for full time study during each fall and spring semester. Full time study is defined as twelve semester hours of registration for undergraduates.

Certain circumstances justify enrollment for fewer hours. 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 full-time. Please check which applies. If you wish to add comments, please do so.

I recommend that this student drop below a full course of study (12 credits) because the student:

_____ is in his/her final term of study and does not need to enroll full time this term to meet degree requirements.
_____ is in the first academic year and is unfamiliar with American teaching methods.
_____ has been advised to drop a course because of improper course level placement.
_____ has a medical condition that makes registration for a full course of study inadvisable. (Document from medical professional is required)

_____________________________   ___________________ ______________
(Academic advisor’s name)      (Academic advisor’s signature)  

_____________________________   ___________________ ______________
(Academic advisor’s e-mail address)     (Date)  

Approved by International Student Academic Advisor:

________________________________ ______________ ______________
Name     Signature    Date  

Approved by Intercultural and International Student Services:

________________________________ ______________ ______________
Name     Signature    Date  

INTERCULTURAL AND INTERNATIONAL STUDENT SERVICES
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