



Academic Adviser Certification for Reduced Course Load

To Academic Advisers or Authorized Department Personnel:

The student named below is applying for permission to engage in a reduced course load. The Department of Homeland Security (DHS) requires all F-1 and J-1 students to maintain a full course of study every semester. Undergraduates must take a minimum of 12 credits, while graduates must meet the institutional definition of full-time enrollment. Before authorization can be granted, International Programs must receive verification from the student's academic adviser indicating the reason the student needs a reduced course of study. **The DHS allows for specific exceptions to the full-time enrollment requirement, but reduced enrollment must be PRE-APPROVED by the International Programs Office or students will be considered out of status.**

Please call the International Programs office at (503) 352-2084 if you have any questions about this petition process, and thank you for your assistance.

Student Section (Students: please fill in your name, then sign and date the waiver)		
First Name	Middle Name	Last Name
Major	Degree (i.e. B.A., M.A., Ph.D.)	Expected Date of Graduation
Semester/Term and Year in Which You Are Requesting a Reduced Course Load		Number of Credits You Will Take
<p>Academic Difficulties</p> <p>I understand that there are restrictions regarding a reduced course load due to academic difficulty, and that my being granted this exception is not guaranteed. I also understand that there is a limit on the number of times I can apply for a reduced course load due to academic difficulty, a limit on the duration I may be enrolled less-than-full-time, and a minimum number of credits I must be enrolled for, even when granted a reduced course load.</p>		
<p>Medical Condition</p> <p>I understand that I must provide current medical documentation for each semester that I need to reduce or interrupt my course of study, and that my authorization for part-time enrollment based on illness may not exceed an aggregate of one year. The medical documentation I provide must consist of a letter from my licensed medical provider, and must include: (a) a description of the medical problem, including (b) how this affects the student's ability to study, (c) details of treatment, (d) a recommendation of when the student may begin taking full-time course work.</p>		
<p>Name: _____ Signature: _____ Date: _____</p> <p style="text-align: center; margin-left: 100px;">(please print)</p>		

Faculty Section:

Please fill in the following information, sign, and return this form to the International Programs office in a sealed envelope.

I recommend that this student be authorized to drop below full-time enrollment for the semester/term listed above, based on the following reason(s):

Academic Difficulties

- Student has initial difficulties with English and/or reading requirements.
- Student is unfamiliar with US teaching methods. (First semester/term of study only)
- Student was improperly placed in a course, and it is now too late in the current term to add another course.

Final Term

- Final semester before completing Bachelor's Degree.
- Final term before completing graduate/professional degree.
- Graduate student's final coursework before thesis or comp. exams.

Graduate Student Issues

- Graduate student is engaged full-time in thesis or comp. exams.
- Graduate Teaching Assistant or Graduate Assistant. Attach copy of GTA/GA contract.

Medical Condition

- Has a medical condition that forces a reduced or interrupted course of study. A letter from the attending medical provider is included.

Name	Title	Department
Telephone	Email	
Signature	Date	

International Programs Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	DSO Name	DSO Signature
Date	SEVIS Notification Date	Student Notification Date & Method