REDUCED COURSE LOAD FORM

This form must be submitted to OISS (Office of International Students & Scholars) before the end of the add/drop period of the semester to which it applies or prior to dropping any class throughout the semester that would place you below the normal full-time enrollment requirements (12 credits for undergraduates and 9 credits for graduates). Submitting this form does not guarantee approval for a reduced course load. Please wait for approval confirmation from your International Student Advisor before dropping any class. Additional documentation may be required depending upon the reason.

Section A: To Be Completed by Student

Name: _____________________________________________________________

(First/Given Name) (Last/Family Name)

SEVIS ID: __________________________ NKU ID: ____________________ Email: __________________

Phone: __________________ Education Level: □ Bachelor’s □ Master’s □ Doctorate Immigration Type: □ F-1 □ J-1

Semester/Year Requested: ________________ Proposed Number of Credits: _______

Section B: To Be Completed by Advisor

Please use this form to verify your student’s request for a reduced course load. Please indicate which course(s) the student is authorized to drop/withdraw from, if applicable. If none of the reasons below applies, do not sign this form. Call OISS at 572-6517 with questions.

Applicable to All Students (Choose One)

☐ Initial difficulty with the English language or reading requirements (available only first term)
☐ Initial unfamiliarity with American teaching methods (available only first term)
☐ Improper course level placement (available only once per program)
☐ In final semester of degree program and enrolled for number of credits necessary to graduate.

Please indicate course(s) required: __________________________________________________

☐ Illness or Medical Reason (Must submit letter from a U.S.-licensed doctor or clinical psychologist detailing medical reason and recommendation for a reduced course load)

Course(s) that student is authorized to drop/withdraw: ________________________________________

Applicable to Graduate Students

☐ Student has completed/is completing formal coursework and is working full-time on thesis or dissertation.

Academic Advisor, Name: __________________________ Signature: __________________________ Date: __________________

For Graduate Students Only

Your signature below will certify that the student’s proposed reduced course load will fulfill Northern Kentucky University Graduate Programs requirements for maintaining full-time enrollment status.

Dean, Program Director, Name: __________________________ Signature: __________________________ Date: __________________

OISS USE ONLY: ☐ Approved ☐ Denied If Denied, reason: ________________________________________________

Date: __________________ Processed by: ________ Course(s) authorized to drop: __________________