



APPLICATION FOR REDUCED COURSE LOAD

Date: _____ Semester and Year Applying For: _____
Month/Day/Year Example: Spring 2007

Student's Name: _____ R#: _____
Family Name First Name

Email: _____ Phone #: _____

(PLEASE NOTIFY OISS IF YOUR MAILING ADDRESS HAS CHANGED)

All international students on F-1 and J-1 visas are required to be enrolled full-time during the academic year. Full-time is defined as 12 credits for undergraduates and 9 credits for graduates. Federal Regulations allow for part-time enrollment in very specific and limited circumstances, listed below. Select ONE of the reasons below, get a signature from your Academic Advisor or a relevant Professor and return to OISS for approval.

NOTE: If you are employed on campus, please submit a copy of this (approved) form to the Student Employment Office.

A. An appointment is NOT necessary. Expected Graduation Semester and Year: _____

- I will graduate this semester and I am enrolled in the only remaining course work for my degree.
I have completed all of my courses and I am enrolled in 6 credits of thesis work (Masters) or dissertation work (PhD).

B. The below reasons are only permitted during the FIRST year for ONE semester only. An appointment is NOT necessary.

- I am experiencing difficulties with the English Language and will enroll in less than a full course load. PLEASE NOTE: Your Advisor or Professor must list the course(s) and the reason for improper course placement.
I am experiencing difficulties with reading requirements and will enroll in less than a full course load.
I am unfamiliar with American teaching methods and will enroll in less than a full course load.
I have been placed in an improper course level and cannot complete the course without prerequisites.

C. Your Academic Advisor must confirm and sign below that you will complete full-time enrollment by enrolling at another institution and the course(s) you are enrolled in the other institution are transferrable to UNR. You must attach a course list from UNR and the other institution. If you plan to attend TMCC, a copy of this approved form must be presented at TMCC. Please contact the OISS to make an appointment with an OISS Advisor.

- The required course is NOT offered at UNR or available this semester.
Student has to take a course or courses at another institution that will transfer into the student's program at UNR.

*ADVISOR: Explain reason for enrollment at another institution in the comments section and ask student to initial below.
*STUDENT: I understand that I have to take more credit hours at UNR than at another institution. Student's initials: _____

D. Provide a letter of confirmation from a licensed medical professional. A medical excuse for a reduced course load cannot exceed a maximum total aggregate of 12 months. Contact the OISS to make an appointment with an Advisor.

- I am under the care of a doctor or therapist and I am unable to enroll full-time.

Academic Advisor's or relevant Professor's comments and signature

Comments: _____

Signature Printed Name Dept. & Phone # Date

OISS USE

Comments: _____

Approved Denied Advisor's Signature: _____ Date: _____