REDUCING YOUR COURSELOAD

To request approval before dropping any classes, submit the completed application below to the International Student Services Office.

ENROLLMENT REQUEST

Immigration regulations permit exceptions to the full-time registration requirement in very limited circumstances and only with prior approval from the International Office. Students who drop below full-time without International Office approval will be reported to SEVIS, your SEVIS record will be terminated, and you will lose your lawful F-1 status including employment eligibility and benefits. Students will be considered for a reduced enrollment based on the reasons listed below.

→ Academic Reasons

Academic reasons for dropping below full-time include improper course placement, initial English language difficulties, or in cases when full-time enrollment would not be academically appropriate. An academic advisor (college or major advisor) must recommend the reduced enrollment. Reduced enrollment for academic reasons may be approved for only one semester during the student's degree program. Students should consider this carefully before requesting an approved reduced enrollment for academic reasons since it can only be used once.

→ Health Reasons

Students may drop below full-time for physical or mental health reasons. The reduced enrollment must be recommended by a medical doctor, doctor of osteopathy, or licensed clinical psychologist. Students with health problems should contact the University Health Services for care or referral. Reduced enrollment for health reasons may be approved for no more than a cumulative period of 12 months during the student’s degree program. Approval for reduced enrollment will be given for only one semester at a time, thus continuing health problems may need more than one approval if it continues beyond one semester.

→ Final Semester

Degree-seeking students who are completing their degree requirements in a specified semester can enroll for as many or as few units as needed to graduate. If you plan to reduce your course load in your final semester, submit the Notice of Final Semester form to the International Office. To be eligible, students must meet the following criteria:

- Be on the degree list for the specified semester
- The student must graduate at the end of the semester
- Upon completion of the specified semester students will have a 60-day grace period for a one-time departure or transfer to another school, advancement to a higher degree level, change of nonimmigrant status or may apply for Optional Practical Training.
REQUEST FOR REDUCED COURSELOAD

All students on F1 visas who must enroll for fewer than normal hours must complete this form to be certified as full-time for immigration purposes. Please attach any required certification. This form is not valid until completed, endorsed by a faculty member if required, and approved by the Office of International Student Services. Failure to receive approval for a reduced course load prior to the start of the semester will result in termination of your SEVIS record, loss of F-1 status, and ineligibility for any employment, including on-campus employment and practical training. Reinstatement to F-1 status, which cannot be guaranteed, can take 6 weeks or longer, and will cost $290 or more in filing fees. This form must be completed BEFORE every fall and spring semester for which a student will fall below full-time status.

I am pursuing the following type of degree (check one):

☐ Undergraduate Degree  ☐ Master’s Degree

Name_________________________________________________________ ID#_____________________________
Address________________________________________________________________________________________
Telephone_____________________________________ Email______________________________________________

I am requesting certification as a full-time student with _______ semester hours for the ____________ semester, 20_____. The request is based on the following:

☐ A. I have a medical need. I am unable to take a full course of study due to a medical condition for which I am seeking treatment. (You must attach an original letter from the physician or other medical professional who is treating you. This letter must clearly state the medical problem and the length of time required for treatment before you can resume full-time study.)

☐ B. I have difficulties with adjustment to education in the English language or the U.S. educational system. My first semester of regular course enrollment at Coppin State University was ______________________ and my first semester at any U.S. educational institution was ____________________________.

☐ C. I have dropped due to an academic advisement. The course I dropped was ______________________ and the reason I dropped it was: ☐ I did not have the proper prerequisites ☐ I had covered the course material in a course I had taken previously ☐ Other: ________________________________________________________________.

(Your academic advisor or the professor teaching the class you dropped must sign the certification below. If dropping more than one course, place the additional information on the back of this form.)

☐ D. I am unable to enroll in a course(s) due to an academic advisement/scheduling problem OR unable to enroll in a course due to pre-requisite testing. The course(s) that I am unable to enroll _______________________________ and the reason I could not enroll is: ☐ I did not have the proper prerequisites ☐ the course(s) are offered in specific sequence ☐ Other: ____________________________________________________________.

(Your academic advisor or the professor teaching the class(s) must sign the certification below).

☐ E. I have completed all course work for my graduate degree and have only thesis/dissertation credit or an examination to pass. (Your graduate advisor must sign the certification below.)

☐ F. I will graduate from Coppin State this semester. (Your advisor must sign below. If you fail to graduate as expected, you must visit the Office of International Student Services before registering for the next term.)

Student’s Signature __________________________________________ Date ______________________

To be completed by advisor or faculty member for reasons C, D, E or F.
I verify that the information given above concerning the student’s need for a reduced course load is accurate. The student is expected to graduate no later than __________________________ (date)

Signature __________________________________________ Date ______________________
Printed Name __________________________________________ ______________________