Reduced Enrollment Request Form

To be completed by student
Name: ___________________________  Student ID#:__________  SEVIS ID# N00___________

Email: ___________________________  Tel#: ___________________________
Department: ______________________________  Degree Level: ____________

Completion date on current I-20 form: ____________

To be completed by Academic Advisor/Course Instructor

- Students may be authorized for a reduced course load one time only per degree level. To receive authorization this completed form must be endorsed by the academic adviser and returned to the UND International Center.

- Students must receive confirmation of authorization of less than full-time enrollment from the International Student Advisor before they drop a course. Failure to receive this advance authorization will result in the student’s loss of valid non-immigrant status.

- University policies state that undergraduate students are considered full-time only if they are registered for and complete at least 12 credits per semester. A graduate student is full time with 9 credits. A graduate student with an assistantship must complete a minimum of 6 credits per semester.

- The reasons listed below are currently the only reasons listed by U.S. Department of Homeland Security as valid reasons for authorizing reduced enrollment. If none of the reasons listed fit with the student’s situation, the student is not eligible for a reduced course load so please do not sign this form!

  Semester Requested:  ☐ Summer 20_____  ☐ Fall 20_____  ☐ Spring 20_____  

  Intended number of credits: ______

Reason for Request
☐ Illness or medical condition (must have supporting letter from physician)
☐ Initial difficulty with English language (first or second semester only)
☐ Initial difficulty with reading requirements (first or second semester only)
☐ Unfamiliarity with American teaching methods (first or second semester only)
☐ Improper course level placement (any term)

I endorse and recommend less than full-time registration for this student during the semester requested.

Signature: ___________________________  Date: __________

Name and title: ___________________________

Campus Phone: _________________________  Email: _________________________