

## Application for a Reduced Course Load for Initial Academic Difficulties

This form is intended for F-1 and J-1 students to request authorization for a reduced course load based on academic difficulties. Academic challenges/difficulties are limited to those defined by federal regulations and authorization for a reduced course load is limited to a student's initial academic term in the program.

### IMPORTANT REGULATIONS RELATED TO YOUR REQUEST:

- This is only an *application* to be authorized for less than full-time enrollment. **DO NOT DROP YOUR COURSES BEFORE RECEIVING APPROVAL FROM THE OFFICE OF INTERNATIONAL STUDENT SERVICES (ISS).**

**An ISS advisor will send a confirmation email when your authorization is complete.**

Only after you receive confirmation should you make changes in your enrollment.

If you drop below full-time enrollment prior to receiving authorization from our office, you are at risk of violating your visa status.

- You must maintain at least six credit hours of enrollment. You must resume a full course of study in the following academic semester. Summer is a vacation period and you do not have to resume full-time enrollment then.

### HOW TO SUBMIT YOUR FORM:

You must work with your academic advisor (graduate/professional students) or undergraduate dean to complete this application. Please discuss your plans and situation with them as soon as possible so that they are best prepared to assist you.

Once your form is complete and signed by all parties, please upload this form and the letter from your advisor/dean to the application form in Terra Dotta found [at this link](#). An ISS advisor will review your request within **3-5 business days** and contact you if anything else is needed.

## TO BE COMPLETED BY THE STUDENT

Student's Name: \_\_\_\_\_  
(Name as it appears in your passport, i.e. Family Name, First/Given Name)

CWRU Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(ABC123@case.edu) (Month/Day/Year)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(this can be electronic) (Month/Day/Year)

## TO BE COMPLETED BY THE ACADEMIC ADVISOR (Graduate/Professional Students) OR UNDERGRADUATE DEAN

Academic Advisor's or Dean's Name: \_\_\_\_\_

Department/Office: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(this can be electronic) (Month/Day/Year)

- Please select a reason from the list below that best describes why the student needs to drop below full-time enrollment status in his/her first semester. Please select only one reason as ISS is limited to indicating one reason in government systems.
- **Prepare a letter to give to the student on official letterhead explaining the student's unique circumstance as it relates to the primary issue that the student is facing.**
- Please consult with ISS staff if there are any questions.

Unfamiliarity with American teaching methods

Initial Difficulties with the English language

Initial Difficulties with reading requirements

Improper Course Level Placement