

To maintain immigration status international students on an F-1 and J-1 visa are required to be enrolled full-time [12 units] each quarter, except summer.* Under certain circumstances [listed below], permission may be granted to enroll below full-time.		
Reduced Course Load Requested For:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
Name [Last Name, First Name]: <i>Print name as it appears in passport.</i>		
UCI Net ID:	Telephone:	
Student ID Number:	E-Mail:	
Expected Completion of Degree:	Quarter: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: _____

Each of the reasons below requires a signature from your Academic Advisor/Counselor. Select only ONE of the following reasons:

<input type="checkbox"/> FINAL QUARTER	
International students can request approval to take between 1-11 units if the student is to complete all graduation requirements during the last quarter. The degree must be conferred at the end of the quarter where the reduced course load is granted.	
NOTE: Once approved for a reduced course load for having between 1-11 units left to complete academic program, you are expected to graduate at the end of the above listed quarter. Your I-20/DS-2019 visa document will reflect the end date listed above. You will be considered a part-time student and will not be eligible for an extension of your I-20/DS-2019.	
ACADEMIC DEPARTMENT CONFIRMATION	
The above named student has [# of units] _____ units left in order to obtain his/her degree. Successful completion of these units will meet the requirements for [select one]: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer, Year: _____ graduation.	
ACADEMIC ADVISOR'S NAME:	ACADEMIC ADVISOR'S SIGNATURE:
ACADEMIC DEPARTMENT:	DATE:

<input type="checkbox"/> ACADEMIC DIFFICULTY	
International students can request to take between 1- 11 units for one of the following reasons.	
ACADEMIC ADVISOR CONFIRMATION [Please select the appropriate reason for reduced course load request]	
1. <input type="checkbox"/> Initial difficulties with the English language 2. <input type="checkbox"/> Initial difficulties with Reading requirements 3. <input type="checkbox"/> Unfamiliarity with American teaching methods 4. <input type="checkbox"/> Improper course level placement	These reasons are acceptable only ONCE during the program of study.
ACADEMIC ADVISOR'S NAME:	ACADEMIC ADVISOR'S SIGNATURE:
ACADEMIC DEPARTMENT:	DATE:

<input type="checkbox"/> MEDICAL/HEALTH	
International students needing to enroll less than full-time or be absent for one quarter due to a medical/health condition must submit documentation verifying the medical condition. This includes a letter from a CA licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist must include the recommendation from the doctor to take a reduced course load or be absent during the petitioned quarter due to a medical condition and must state that you are under a doctor's care. Only letters on original doctor/hospital letterhead will be accepted.	
Prior to requesting part-time for health/medical conditions, please schedule an appointment with an IC Advisor for additional information and specific procedures.	
ACADEMIC ADVISOR'S NAME:	ACADEMIC ADVISOR'S SIGNATURE:
ACADEMIC DEPARTMENT:	DATE: