

Illinois Institute of Technology

International Center

3201 S. State Street
 MTCC, Room 202
 Chicago, IL 60616
 Phone: (312) 567-3680
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Reduced Course Load Form

(Less Than Full Time Enrollment)

CFR 8, 214.2 (f)(6)

5/2015

Academic Adviser must complete Section A and B, Student must complete Section C. Section D is IC use only.

Note: Impending failure in a course, financial hardship, or intent to delay graduation are NOT acceptable reasons to drop below full-time.

**** Students working on thesis/ dissertation and enrolled in research no longer require this form. Full time enrollment each term is: Undergraduate and Law Students: 12 Credits Graduate Students: 9 Credits Graduate students with TA/RA: 6 Credits**

Section A: To be completed by Academic Advisor/ Dept. Coordinator. Check the box next to the appropriate reason below. For options #1 and #6, please also fill in the required information.

No appointment necessary for the following reasons:

- 1. Completion of Program:** The student is graduating during the current term and needs only _____ hours to complete the degree requirements. (Please fill in the blank.) **This option may be used only one time & must course O WUV be 'op'eco r wu'!** *pqv'updp'gt 'tv'cpqvi et 'wplsgt ulsf ! You will receive a new DS-2019 or I-20 with a shortened end date for your program.
- 2. Graduate Students Taking Qualifying/Comprehensive Exam:** The student is taking the Qualifying/Comprehensive examination this semester/quarter and will only be registered for 6 credits. **This box may be used only one time!** The student must enroll full-time during all subsequent semesters of coursework, even if the exams need to be repeated.
- 3. Graduate students working on a Degree REQUIRED project:** The student is either completing all coursework this term and is also working on a **REQUIRED** project OR has already completed all coursework and is only working on a **REQUIRED** project. The student must be enrolled in at least one special problems credit hour each term until completion of the program.

Must make an appointment with an International Center advisor for approval of the following reasons:

- 4. Academic Difficulties: This box may be used only one time.** The student must enroll at least 6 credits. The following circumstance applies: (please check one)
 - () Difficulties with English language or reading requirements in the first term of study in the United States.
 - () Unfamiliarity with American teaching methods in the first term of study in the United States.
 - () Improper course level placement (In this instance students are allowed to drop a course **only** when the adviser had recommended that the student take the course for which he/she was not academically prepared.)
- 5. Medical Condition: (Cannot accumulate more than 12 months of less than fulltime exemption for this reason per academic program).** The student has shown proof from a licensed U.S. medical doctor/clinical psychologist that s/he should take a reduced courseload/refrain from taking classes during the current term. Please attach the letter to this form.
- 6. Concurrent Enrollment:** The student is also taking classes at _____ (name of institution). These classes will count toward the student's degree program at IIT. The combined enrollment at both institutions is the equivalent of full-time at IIT. The student must show proof of registration at the other institution and attach it to this form.

Section B. To be completed by Academic Advisor/ Dept. Coordinator

This will apply for _____ (semester) _____ (year)
 Name of the Academic advisor _____
 Phone Ext: _____ Date: _____
 Advisor's signature: _____
 If wishing to drop courses, please indicate course number(s):

 Remarks: _____

Section C. To be completed by the Student

Name of student: _____
 IIT email: _____
 IIT student ID#: _____ SEVIS ID#: _____
 Department: _____
 Degree sought: _____

I understand that if there any changes to my situation after submitting this form, I must inform the International Center immediately.
 Signature: _____ Date: _____

Section D. I-Center Use Only Approved: Yes No IC signature: _____ Date: _____