

Reduced Course Load: J-1 Student Request

ISSO will **NOT** process this request unless all sections of this form are completed and supporting documentation attached.

Student to Complete

ISU ID Number _____ Phone Number _____

Student Last Name: _____ Student First Name: _____

Information regarding current academic program:

- Bachelor's Degree
 Master's Degree Thesis Non-Thesis Creative Component
 Doctoral Degree
 Nondegree

Major: _____

(Please use the full name of your major, for example: Mechanical Engineering)

Reduced course load requested for the following semester *(select one semester only)*:

- Fall 2012 Spring 2012 Summer 2012 *(required if summer is first or last semester at ISU)*

Credits to be completed during the above semester: _____

Reason for reduced course load for the above semester:

- Valid academic reason for a reduced course load
- Graduate student who will be engaged in the equivalent of a full course load while working on a thesis, dissertation, or creative component *(also select one below)*:
 Thesis Dissertation Creative Component
- Final semester and full course load not needed to complete degree requirements
- Concurrently enrolled at another U.S. school and full-time counting credits at both schools
 Attach a class schedule for the course(s) to be taken at another U.S. school
Please refer to "Reduced Course Load: Frequently Asked Questions" for further instructions
- Illness or medical condition that prevents taking a full course load
 Attach documentation from licensed medical physician or licensed clinical psychologist.
Please refer to "Reduced Course Load: Frequently Asked Questions" for further instructions

By signing below, I confirm I have reviewed the *Reduced Course Load: Frequently Asked Questions – Students in J-1 Status* document located on the ISSO web site at http://www.isso.iastate.edu/Current_Students/forms.html.

Signature of Student: _____ **Date:** _____

Please allow ISSO 10 calendar days to process your request.

An e-mail will be sent to your ISU e-mail address to notify you when your request has been processed.

Reduced Course Load: Advisor/Faculty Advisor and DOGE Recommendations

A student in J-1 non-immigrant status must enroll full-time every fall and spring semester. A student must also enroll full time in the summer if it is the student's first or final semester at Iowa State University. Full-time is defined as:

12 credits	Bachelor's degree
9 credits	Master's or Doctoral degree, no assistantship
Defined by academic department of student's major	Master's or Doctoral degree, ¼ or ½ time assistantship

As the individual most knowledgeable regarding the student's academic program, or responsible for the administration of this graduate program, please use this form to review and recommend this student's reduced course load request as appropriate. The International Students and Scholars Office will review this recommendation to ensure it complies with immigration regulations.

Academic/Faculty Advisor to Complete

Student ISU ID Number _____

Student Last Name: _____ Student First Name: _____

The information on the *Reduced Course Load: Student Request* form is accurate: Yes No
If no, please explain: _____

I recommend this request for a reduced course load: Yes No
If no, please explain: _____

Information regarding the student's current academic program:

How many coursework credits remaining to complete degree requirements: _____

How many research credits for thesis or dissertation remaining to complete degree requirements: _____

Estimated date (month and year) this student will be eligible for the final oral defense: _____

Estimated date (month and year) when all degree requirements will be completed: _____

Note: Immigration regulations consider completion of degree requirements, not graduation, as the end of legal status.

Advisor Last Name: _____ Advisor First Name: _____

Advisor Signature: _____ Date: _____

DOGE to Complete

As DOGE, I concur with the recommendation of the student's advisor above: Yes No
If no, please explain: _____

DOGE Last Name: _____ DOGE First Name: _____

DOGE Signature: _____ Date: _____

ISSO Use Only

Date submitted to ISSO	____ / ____ / ____	Date entered in ADIN	____ / ____ / ____	ADIN Code	_____
Processed by	<input type="checkbox"/> AS <input type="checkbox"/> BZ <input type="checkbox"/> DP	Date advisor processed	____ / ____ / ____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No