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  ☐ Thesis  ☐ Non-Thesis  ☐ Creative Component
☐ Master’s Degree  ☐ Non-Thesis
☐ Doctoral Degree  ☐ Creative Component
☐ 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 2015  ☐ Spring 2016  ☐ Summer 2016 (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: _____________________________

ISSO Use Only

Date submitted to ISSO / / Date entered in ADIN / / / ADIN Code
Processed by □ AH □ AS □ JF □ KL Date advisor processed / / / Approved □ Yes □ No