

**Chabot College  
International Student Program  
Reduced Course Load Request Form**

Definition: An F-1 student is required to maintain full-time enrollment every Fall and Spring Semester. Students with academic or medical problems must obtain advance approval to be registered for fewer than 12 units. A request for advance approval must be based on one of the following reasons: Graduation, Transfer, Academic, or Medical problems. Students must have continuously maintained status to apply. Requests for graduating students should be submitted at least two weeks prior to the close of registration.

**Registering for less than 12 units without advance approval will result in your falling out of status.** Reinstatement would then require approval from the U.S. Immigration service.

**1. Summer Recess – No authorization required**

Students are eligible for a vacation period in the summer only. During the vacation period, students may register part-time, full-time or not at all. No authorization is required for a vacation period, but you may contact ISP with any questions.

**2. Graduation/Last Semester of Study (transfer) – Authorization required**

If fewer than 12 units are required for graduation/last semester prior to transfer to a 4-year institution, the student may be approved to register for only the number of units required for graduation/transfer. A Counselor must complete Part II of the form on the reverse. Submit the completed form to the International Student Admissions Office prior to dropping to less than full-time.

**3. Academic problems – Authorization required**

If a student has certain kinds of academic problems, a reduced course load may be approved once per degree level. The reasons for approval include initial difficulty with English or unfamiliarity with U.S. teaching methods normally during the first semester at Chabot College, and/or improper course level placement. A Counselor must complete Part II of the form on the reverse. Submit the completed form to the International Student Admissions Office prior to dropping to less than full-time.

**4. Medical problems – Authorization required**

If a student has medical problems, a reduced course may be approved if documented by a medical doctor or psychologist. Part III of the form should be completed by the student. Attach a letter from a medical doctor or psychologist that documents the student should not be enrolled full-time due to a stated medical/psychological issue. The letter will be maintained confidentially but presented to Immigration and Customs Enforcement upon their request for evidence. Submit the form to the International Student Admissions Office prior to dropping to less than full-time.



# Reduced Course Load Request Form

## Part I: The student must complete the following

Family/Last/Surname Name _____	First Name _____
Telephone #: _____	E-mail: _____
Date of Birth: _____	
SEVIS #: N000 _____	Chabot College Student ID #: _____
Student's Signature _____	Date (mm/dd/yyyy) _____

## Part II: For academic reasons, have a counselor to complete this section

I certify that the above-mentioned student, majoring in \_\_\_\_\_  
*requires* a reduction in course load for academic reasons during the following semester:  
 Fall       Spring \_\_\_\_\_ (Year)

Reason for supporting approval:  
 to complete course of study in current term:       AA/AS Degree       Transfer  
 difficulty with English language or reading requirements (1st semester only)  
 unfamiliarity with U.S. teaching methods (1st semester only)  
 improper course level placement (Granted once per degree level)

_____	_____
Name (please print)	Title
_____	_____
Signature	Date

## Part III. For medical reasons, complete this section

Documentation from Dr. \_\_\_\_\_ is attached  
to support my request for approval.       Fall       Spring      Yr: \_\_\_\_\_

**NOTE: Student MUST submit this petition form to the International Student Coordinator in-person for SEVIS compliance & immigration advising.**

<b>For office use only</b>
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Approved       Denied

Reason(s) for recommendation:

\_\_\_\_\_

\_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_