INSTRUCTIONS Complete and submit this form to the Office of International Services (OIS) if you are an F-1 or J-1 student seeking permission to take a reduced course load (part-time enrollment) or concurrent enrollment, or are planning on taking a leave of absence from the college. Note: A reduced course load can be granted only in certain circumstances and always requires the prior authorization of the OIS. Do NOT assume that you have permission to take a reduced course load without the prior confirmation of the OIS. A reduced course load without permission is considered an immigration violation leading to a loss of immigration status. Note: If you are planning on taking a leave of absence from the college, please speak with an international advisor BEFORE submitting this form or dropping classes so that you are informed of how this will affect your immigration status.

Do not complete this form if you are taking less than 12 credits but doing other non-credit academic activity (e.g., exam preparation, thesis or project research, elective or required internships and fieldwork) that makes you eligible for full-time equivalency. You should instead file a Certificate of Equivalency (COE) with the Office of the Registrar.

YOUR INFORMATION
Name: ___________________________________ ID#: T_______________ E-mail: ___________________
Department/Major:__________________________ Degree Level: MA MED MS PhD EdD ___________

REQUEST FOR REDUCED COURSE LOAD

☐ I am requesting permission to take a reduced course load for:  ☐ Fall 20_____  ☐ Spring 20_____  
☐ I intend to take ________ credits this semester. My immigration status is: ☐ F-1 ☐ J-1

Reason for requesting reduced course load (check only one):

A.  ☐ First semester. You are in your first semester of study in the U.S. and are having (check only one of 1-3). For students seeking authorization for a reduced course load in their first semester, enrollment in one of the following courses (a or b) is required. Select one below: AND you must enroll in one of the following:

1. Initial difficulty with the English language. ☐ a. Enrolled in A&HL 4500.002 Academic Speaking
2. Initial difficulty with the reading requirements. ☐ b. Enrolled in A&HL 4500.001 Academic Writing
3. Unfamiliarity with U.S. teaching methods and expectations. 

B.  ☐ Medical condition or illness. You must present a letter from a doctor or medical care provider indicating the nature of the illness and recommending part-time enrollment or, if medically warranted, no coursework. No more than 12 months of permission per degree level may be granted on the basis of a medical condition. Permission can be granted only one semester at a time.

C.  ☐ Concurrent enrollment. Enrolled at ______________________(school) for ________ credits. The course(s) must satisfy a pre-requisite or count toward your TC degree. A letter from your advisor and a copy of enrollment verification are required. * Faculty advisor signature required.

D.  ☐ Last semester of study. You are in your last semester and you need less than 12 credits (or the equivalent as determined by a COE) to complete your degree requirements. You must have your advisor's certification that the current semester will be your final semester of registration. Once granted, you are no longer eligible to request an I-20 extension for your current program. You must complete your degree requirements by the end of the current semester. * Faculty advisor signature required.

*FACULTY ADVISOR'S CERTIFICATION. A signature of a faculty or departmental advisor is necessary only if you are requesting a reduced course load for concurrent enrollment (reason C) or last semester of study (reason D).

Advisor's Name and Signature  Advisor’s E-mail  Date

REQUEST TO TAKE A LEAVE OF ABSENCE FROM THE COLLEGE

☐ I plan to take a leave of absence from Teachers College. I have spoken with an international student advisor about my leave of absence. I plan to leave the U.S. on ________(MM/DD/YYYY). I plan to return to resume my studies _____________________________(Please indicate when you plan to return.)

YOUR SIGNATURE ______________________________ Date __________________

OIS Advisor: Approved Denied Note:

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