



Center for Global Education & Field Study
International Student & Scholar Services (ISSS)
14 East Cache La Poudre Street
Colorado Springs, CO 80903
Tel: (719) 389-6024
Email: iss@coloradocollege.edu

F-1/J-1 Student Application
For Reduced Course Load Authorization

Name: \_\_\_\_\_

CC ID#: \_\_\_\_\_ Immigration Status: [ ] F-1 [ ] J-1 [ ] Other\_\_\_\_\_

Student Type: [ ] Undergraduate [ ] Graduate [ ] Visiting Student

Major(s): \_\_\_\_\_

Term: [ ] FALL [ ] SPRING [ ] SUMMER Year: \_\_\_\_\_

Block (circle all that apply) 1 2 3 4 5 6 7 8 A B

I am applying to International Student & Scholar Services (ISSS) for permission to enroll less than full-time for the following reason(s):

----- This term is my final term of study and I need fewer than the full-time number of units to complete my course of study.

Verified by: \_\_\_\_\_
Major Advisor's Name Advisor's Signature Date

----- I have a valid temporary illness or medical/mental health condition. I have attached medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate the illness or medical/mental health condition. The documentation is signed by the medical doctor, doctor of osteopathy, or licensed clinical psychologist and is on official letterhead. I understand that I may not receive more than 12 months of reduced course load authorization for an illness or medical condition at my current program level, e.g., bachelor's, master's, or doctorate.\*

----- I am having academic difficulties (please indicate which type[s]):
[ ] Initial difficulty with English language or reading requirements
[ ] Unfamiliarity with U.S. teaching methods
[ ] Improper course level placement

I have attached an explanatory letter from my Academic Advisor and/or professor on official letterhead. I understand that if I am authorized to drop below full-time enrollment due to academic difficulties I am not eligible for a second authorization due to academic difficulties while pursuing a course of study at my current program level.

Comments (use this optional section to provide information that supports your request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*You must speak with an ISSS advisor directly before a reduced course load can be authorized for medical reasons. Please contact ISSS at the phone number or email listed above to schedule an appointment with an advisor.

ISSS Use Only: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED
Date Submitted to SEVIS: \_\_\_\_\_ ISSS Advisor: \_\_\_\_\_
Last updated: 12/10/2018