All F-1 and J-1 students are required to maintain a full course of study every semester. Undergraduates must take a minimum of 12 units. Graduate students must take a minimum of 9 units. ISS is required to transmit student enrollment information to DHS each semester. The DHS allows for specific exceptions to the full-time enrollment requirement, but they must be PRE-APPROVED by ISS. Submit this form to ISS in person or by email to isc.reception@sdsu.edu. Allow 7 business days for processing. You must be enrolled in the appropriate class(es) before ISS can consider your ARCL for approval. You will be notified by email of ISS’s decision.

Name __________________________________________________________
Last Name ____________________________________________________
First Name ____________________________________________________

Major ________________________________________________________
Degree Level: □ Bachelor □ Master □ Doctorate

Semester for Reduced Course Load: □ Fall □ Spring
Year __________ Year __________

# of SDSU Units this Semester __________

Expectation Date of Graduation __________

Check the reason that you are requesting a reduced course load. All students must meet with an ISS Advisor for the below reasons.

☐ 1. Initial difficulties with the English language and/or with reading requirements. Academic Advisor signature required below.

☐ 2. Unfamiliarity with U.S. teaching methods. Academic Advisor signature required below.

☐ 3. Medical condition. Attach written statement from a licensed medical doctor or licensed clinical psychologist.

☐ 4. Improper course level placement. Academic Advisor signature required below.

☐ 5. Final semester for undergraduates to graduate with bachelor’s degree. Attach copy of Graduation Degree Evaluation.

☐ 6. Graduate TA (Attach copy of TA contract) or Graduate Assistant. Graduate Advisor signature and comments required below.

☐ 7. Graduate Advisor Recommendation for less than full course load. Graduate Advisor signature and comments required below.

☐ 8. Graduate student’s final coursework before thesis or comprehensive exams. Graduate Advisor signature required below.

☐ 9. Enrollment in only 1 of these courses: _____799A Thesis _____799B Thesis Extension _____799C Comprehensive Exams

Explanation from student (required) __________________________________________________________

Signature of Student _________________________ Date ____________

TO BE COMPLETED BY ACADEMIC OR DEPARTMENT ADVISOR
I am aware of the circumstances above, have reviewed the educational implications and recommend reduced course load this semester.

Comments: __________________________________________________________

Signature of Academic/Department Advisor _________________________ Date ____________ Phone ____________

Print Name and Title ______________________________________________________ Department __________________

TO BE COMPLETED BY INTERNATIONAL STUDENT SERVICES
Approved / Denied DSO Signature _________________________ Date ____________

Student Notified on _________________________ by ____________________