

**F-1 Equivalency Certification Form  
Bradley University International Student Services  
Request For Reduced Enrollment**

Complete Section A and then have academic advisor complete Section B summarizing the reason for a reduced number of credits.

*A. To be completed by student*

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Student # \_\_\_\_\_

Local Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_ College \_\_\_\_\_ Department \_\_\_\_\_

Degree: B.S./B.A. \_\_\_\_\_ Master \_\_\_\_\_ Credits Accumulated to Date \_\_\_\_\_

Anticipated Completion Date \_\_\_\_\_ Completion Date on I-20 \_\_\_\_\_

*B. To be completed by Academic Advisor*

In general, permission to register for less than full-time should occur rarely in a student's career. Graduate students are required to enroll in 9-semester hours credit minimum, whereas undergraduate students are required to enroll in 12-semester hours credit minimum. By immigration law, the international student should be full-time during each term. The designated school official may allow an F-1 student to engage in less than a full course of study. Except as otherwise noted, **a reduced course load must consist of at least six semester hours required for a full course of study.** A student who drops below a full course of study without the prior approval of the DSO will be considered out of status.

Reason(s) for Reduced Course Load:

**On Campus Employment**

\_\_\_\_\_ On-campus employment pursuant to the terms of a scholarship, fellowship, or assistantship.

**Academic difficulties - First Semester**

\_\_\_\_\_ Initial difficulty with the English language or reading requirements

\_\_\_\_\_ Unfamiliarity with U.S. teaching methods

\_\_\_\_\_ Improper course level placement.

The student must resume a full course of study at the next available semester, excluding a summer session, in order to maintain student status. A student previously authorized to drop below a full course of study due to academic difficulties is **not eligible for a second authorization** by the DSO due to academic difficulties while pursuing a course of study at that program level.

### Medical Condition(s)

\_\_\_\_\_ In order to be authorize for a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course of study each new semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce his or her course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.

### Completion of Course of Study

\_\_\_\_\_ Student is in the final semester fewer courses are needed to complete the course of study. If the student is not **required** to take any additional courses to satisfy the requirements for completion, but continues to be enrolled for administrative purposes, the student is considered to have completed the course of study and must take action to maintain status. Such action may include application for optional practical training, application for change of status, or departure from the U. S.

.....

Semester Requested \_\_\_\_\_ Academic Year \_\_\_\_\_

Indicate Course(s) (i.e. MS 840) \_\_\_\_\_, \_\_\_\_\_

I endorse and recommend a reduced registration for the academic term requested for this student based on the above reason.

Academic Advisor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Approved by Designated School Official \_\_\_\_\_ Date \_\_\_\_\_