

**REDUCED ENROLLMENT /NO ENROLLMENT  
REQUEST FORM**



Today's Date (Month/Date/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SID: \_\_\_\_\_ SEVIS ID (On top of right of the I-20): N \_\_\_\_\_

Local Address: \_\_\_\_\_ Apartment # \_\_\_\_\_ Zip Code 98 \_\_\_\_\_

Local Phone : (\_\_\_\_) \_\_\_\_\_

Email Address : \_\_\_\_\_

**I am requesting reduced or no enrollment authorization  
due to (select)**

\_\_\_\_ Vacation Quarter: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_

\_\_\_\_ Medical Reason: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_

Letter from a licensed medical doctor/ or licensed clinical psychologist /  
or doctor of osteopathy attached.

\_\_\_\_ Concurrent enrollment: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_

Schedule of class (es) at the other school attached.

\*\* Please note that you must submit transcript of class (es) at the end of the quarter.

\_\_\_\_ Graduating \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_

\_\_\_\_ Initial Academic Difficulty (first quarter only): \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_

**THE STUDENT IS CERTIFIED IN LAWFUL NONIMMIGRANT STATUS IN THE  
\_\_\_\_ (Semester) 20 \_\_\_\_ FOR THE REGULATORY OR OTHER REASON  
CITED BELOW FOR A REDUCED OR NO COURSE LOAD:**

1. \_\_\_\_ Authorized vacation period [8 CFR 214.2(f) (5)(iii)]. Student intends to register for the next quarter following the vacation.
2. \_\_\_\_ Illness or medical condition [8 CFR 214.2(f)(6)(B)]. Have medical professional describe illness and amount of time needed to recover.
3. \_\_\_\_ Concurrently enrolled in two DHS-approved schools for a full-time study [8 CFR 214.2(f)(iii) (iv)].

4. \_\_\_\_ In final term and enrolled for the number of credits needed to complete the program of study [8 CFR 214.2(f)(6)(iii)(C)]. Have a Counselor or Advisor certify this below.
5. \_\_\_\_ Initial difficulties with the English language or difficulties with reading requirements [8 CFR 214.2(f)(6)(iii) (A)]. Have Instructor certify this below.
6. \_\_\_\_ Unfamiliarity with American teaching methods [8 CFR 214.2(f)(6)(iii) (A)].
7. \_\_\_\_ Improper course level placement [8 CFR 214.2(f)(6)(iii) (A)]. Have Instructor or Advisor certify this below.
8. \_\_\_\_ Engaged in approved practical training [8 CFR 214.2(f)(1) (5) (i) ].
9. \_\_\_\_ Has generally maintained full-time status but has been advised to drop a course to avoid imminent failure [Mashi vs. INS (585 F.2<sup>nd</sup> 1309 5<sup>th</sup> Cir. 1978)]. Have instructor certify this below.

Comments by Instructor/Advisor/Medical Professional:

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**Name and Title**

**Signature**

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**For International Programs Office Use Only**

Reduce Course Load:      \_\_\_\_ Approved \_\_\_\_ Denied

No Course Load            \_\_\_\_ Approved \_\_\_\_ Denied

\_\_\_\_\_  
**PDSO/DSO**

\_\_\_\_\_  
**DATE**