

NEW YORK CITY COLLEGE OF TECHNOLOGY THE CITY UNIVERSITY OF NEW YORK

INTERNATIONAL STUDENT SERVICES OFFICE

300 JAY STREET, BROOKLYN, NY 11201-2983 (718) 260-5509 ◆ FAX: (718) 260-5504 ◆ ROOM NG17

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Reduced Course Load for F1 & J1 Students

International students who hold F1 or J1 visas are required to be enrolled full-time (12 credits per semester) each fall and spring semester during the course of their studies at the college. Summer enrollment is not required by US federal government regulations for F-1 and J-1 holders.

However, there are some academic and medical reasons for reducing your course load as listed below. If you intend on reducing your course load, you must complete the following and have your Academic Advisor or a medical professional complete this form.

*You must receive prior permission from the Office of International Student Services to reduce your course load.

Do not enroll for less than a full course load or drop below 12 credits without prior approval.

Permission to reduce your course load is valid for the semester for which you indicate on the application submitted.

| Section 1: To be completed by the student | | | | | |
|---|--------------------|----------------------------------|------------|--|--|
| Name: | NYCCT Student ID#: | | | | |
| Email@: | Daytime Phone : | | | | |
| Visa Type: □F-1 □J-1 | Degree Level: | □Associates | □Bachelors | | |
| Major: | Expected degree | Expected degree completion date: | | | |
| Semester for which a reduced course load is requested: Semester/Year | | | | | |
| | | Semest | er/Year | | |
| Please indicate the reason you are requesting a reduced course load: | | | | | |
| Academic Difficulty | | | | | |
| ☐ Initial difficulty with the English language or reading requirements | | | | | |
| ☐ Unfamiliarity with US teaching methods | | | | | |
| ☐ Improper course level placement | | | | | |
| You must enroll for a minimum of 6 credits. You may receive permission to reduce your credit load due to Academic Difficulty only once during your current degree level. | | | | | |
| Final Semester of Study | | | | | |
| ☐ Undergraduate student completing program of study at the end of the current term | | | | | |

| ■ You must be enrolled for at least the number reflect an end date for the current term. | er of credits needed to con | uplete your degree. Your I-20 will be made to | | |
|---|-----------------------------|---|--|--|
| Medical Condition | | | | |
| □ Temporary illness or medical condition ③ You must attach a signed letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. The letter must substantiate the illness or medical condition. ⑤ You may only receive this permission for a maximum of 12 month during your current degree level. | | | | |
| | | | | |
| ☐ Student is currently taking all of the courses that he/she is authorized to take as a result of the sequencing of coursework required for the program. ☐ You must be registered for at least 12 credit hours. | | | | |
| | | | | |
| ☐ Academic Advisor | or | ■ Medical Professional | | |
| I hereby certify the reason given for the request to | approve a reduced course | load is correct. | | |
| Name: | Title: | | | |
| E-mail : | Phone * : | | | |
| Comments: | | | | |
| | | | | |
| Signature: | | | | |
| Section 3: To be completed by the student | | | | |
| Signature: | | | | |