Bemidji State University

International Program Center

F-1 REDUCED COURSELOAD CERTIFICATION FORM

ACADEMIC ADVISOR CERTIFICATION FOR STUDENTS TAKING LESS THAN A FULL COURSELOAD

Student’s Name: _________________________ BSU ID#: _________________________

Degree Objective: _________________________ Anticipated Graduation Date: _________________________

This form covers the: _____ Fall ______ Spring Semester of 20__, Today’s Date: ________________

To the Academic Advisor: U.S. immigration law requires international students to register for full-time study during each fall and spring semester. Full-time study is defined as twelve semester hours of registration for undergraduate and nine semester hours for graduate students or 6 semester hours for grad students with a graduate assistantship.

Certain circumstances justify enrollment for fewer hours. Since you are in the best position to supply information about this student’s academic situation, we are asking you to indicate which of the following situations best explains why the student should be approved to drop below full-time student. Please check the applicable item(s). If you wish to add comments, please do so.

I recommend that this student be authorized for reduced course load because the student:

☐ has completed required coursework and is working on thesis. (Graduate Students Only)
☐ has completed required coursework and is preparing for a comprehensive examination. (Graduate Students Only.)
☐ has a graduate assistantship and is registered for at least six semester hours, which this university considers a full course of studies. (Graduate Students Only)
☐ is in the final term of the course of study and does not need to enroll full-time to meet degree requirements.
☐ is having difficulties with English language or reading requirements during first academic year of studies.**
☐ is unfamiliar with American teaching methods during first academic year of studies.**
☐ has been advised to drop a course because of improper course level placement.**
☐ has a medical condition that makes registration for more courses advisable. (Documentation is required.)**

** Can be approved only once per program level.

Advisor’s Name: _________________________ e-mail address: _________________________
Advisor’s Signature: _________________________ Date: _________________________
Student’s Signature: _________________________ Date: _________________________
Student’s Email address: _________________________

Please return to: Director, International Program Center, Deputy 103

DSO Signature: _________________________ Date: _________________________