



Marywood
UNIVERSITY
Lead On.

**Office of the Registrar
Designated School Official for
Nonimmigrant Matters**

2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

**F-1 STUDENT REDUCED
COURSE LOAD REQUEST**

Conditions Regarding Reduced Course Load

- A full explanation of the policies governing a Reduced Course Load for F-1 students is available at www.marywood.edu/internationalstudents. Please read the policies before completing this form.
- A full time course load is 12 credits for undergraduate level students and 9 credits for graduate and doctoral level students.
- You must be either enrolled for a full course load or approved for a Reduced Course Load by the last day to register/add courses as determined by the University Registrar.
- If you wish to withdraw from a course which will cause you to be less than full time after the last day to register/add courses, you must be approved for a Reduced Course Load before dropping the course.
- Failure to obtain approval for a Reduced Course Load will result in loss of F-1 status and termination of your SEVIS record.
- Once this request is approved, a new I-20 will be issued to you with the Reduced Course Load authorization noted on page 3.

All information is required.

Student Information

Last Name (Surname)	First Name	Middle Name
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Street Address	City	State	Postal Code
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(_____) _____	N _____	_____
Preferred Contact Phone Number	E-Mail Address	SEVIS ID Number (Must be eleven digits)

Reduced Course Load Information and Required Documentation

Reduced Course Load for Academic Difficulties *(please specify)*
Letter from academic advisor or department chairperson required.

<input type="checkbox"/> Initial difficulties with English language	<input type="checkbox"/> Initial difficulties with reading requirements
<input type="checkbox"/> Unfamiliarity with American teaching methods	<input type="checkbox"/> Improper course placement

Reduced Course Load for Medical Reasons
Letter from a licensed medical or osteopathic doctor or licensed clinical psychologist required.

Reduced Course Load for Completion of Course of Study Program Completion Date: ____/____/____
Letter from academic advisor or department chairperson required.

Student Certification

I affirm that I have read the above stated policy (and those found on the website noted) regarding Reduced Course Load and understand and accept these conditions.

Signature of Student	Date
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Office Use Only

Academic Term: _____	Number of Credits Enrolled: _____
Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shorten Academic Program: <input type="checkbox"/> Yes ____/____/____ <input type="checkbox"/> No
Initials: _____	Date of Approval: ____/____/____