Colorado Heights University
International Student (F-1) Reduced Course Load Request Form

Important Notes:

- ⋆ International students (F-1) are required to enroll in a full course of study **2 out 3 semesters** per academic year.
- ⋆ Full time defined: MBA = 9 credit hours per semester; BA = 12 credit hours per semester.
- ⋆ Financial need is **NOT** a qualifying reason to drop below a full time course load.
- ⋆ Permission from the Registrar is required **BEFORE** dropping below full time.

Student Information:

Name: _____ _____ _____
Last (Family) First (Given) Middle (if applicable)

Date: _____ CHU ID: _____ Nickname (if applicable): _____

Request Reason (Select One):

☐ **FINAL SEMESTER** (degree students only) - Less than full-time credits required to complete program of study

☐ **ACADEMIC REASON** (degree students only) - Instructor signature required
- Allowed once per program of study (degree students only)
- Still eligible for reduced course load due to medical reasons and/or final semester
- A reduced course load due to academic reasons must consist of at least six semester hours.
- Acceptable reasons for academic reduced course load:
  a) improper course level placement (can apply if student is unprepared or in jeopardy of failing a course)
  b) ***initial*** difficulties with the English language or reading requirements
  c) unfamiliarity with U.S. teaching methods.

☐ **MEDICAL REASON** - Approval for medical reasons must be obtained each semester requested.
- Approval cannot exceed an aggregate of 12 months per program of study.
- Please attach a letter on letterhead signed by an appropriate medical official as described below.
  - ⋆ The letter must: a) Recommend the student reduce a course load due to medical reasons
    b) Be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
    c) Include the student's full name and date of birth
    d) Be dated and specify the duration a reduced course load is recommended

Student Agreement:

Semester Start Date (mm/dd/yyyy): _____ ☐ A Calendar ☐ B Calendar

I, _____, understand this request is solely for the purpose of maintaining my F-1 visa
(print student name)
status.

Student Signature: _____ Date_____

Administrative Approval:

For the reason cited above, I recommend the above-named student be allowed to take a reduced course load:

Academic Advisor's Signature:_____ Date_____

Registrar's Signature: _____ Date _____

Instructor Signature (if required): _____ Date _____