



Reduced Course Load Request for F-1 & J-1 Students

All international students must register full-time for each semester.

Full-time enrollment at MSU Billings is: Undergraduate: 12 credits Graduate: 9 credits

International students should not drop a course or enroll for a reduced course load without receiving PRIOR authorization from OIS.

Name (Please Print): _____

First

Middle

Last

Date of Birth: __/__/____ Phone (____) ____-____ Email: _____

Local Address: _____

MSUB Student ID: _____ Major: _____

Degree Level: _____ Expected Graduation Date: _____

If dropping a course, please list course number(s) _____

Are you working on-campus? YES NO

I hereby understand that I must receive prior authorization for a reduced course load and that it must be relevant to the academic term: _____ (specify semester and year).

Student Signature _____ Date __/__/____

THE ACADEMIC ADVISER MUST INDICATE THE APPROPRIATE REASON FROM THE LIST (#1-5) BELOW:

No OIS appointment necessary for the following reasons:

- 1. **Completion of Program:** The student is graduating during the current term and needs only__hours to complete the degree requirements. *(Please fill in the blank – this box may be used only one time!)*
- 2. **Graduate student working on a Thesis/Dissertation:** The student is **EITHER** completing all coursework this term and is also engaged in research for a thesis/dissertation **OR** has already completed all coursework and is **only** engaged in thesis/dissertation research.
- 3. **Authorized participation in curricular practical training:** Student should have already received CPT authorization from OIS.

Must meet with OIS for approval of the following reasons:

- 4. **Academic difficulties: (This box may be used only one time.)** The student must enroll at least 6 credits and this reason can only occur in the first year of study in the U.S. One of the following circumstances **must** apply:

PLEASE CHECK ONE:

- Initial difficulties with English language
- Reading requirement
- Unfamiliarity with U.S. teaching methods
- Canceling or withdrawing due to improper course level placement made by instructor or academic advisor

To be completed by the Academic Advisor:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.

Signature of Academic Advisor: _____ Date: __/__/____ Phone: (____) ____-____

Print Name and Title: _____ Department: _____

Please continue on the next page

5. **Medical Condition:** *(Cannot accumulate more than 12 months of less than full-time exemption for this reason, per academic program.)* Physician recommends reduced course load or no enrollment for the semester due to medical reasons (attach written statement from licensed psychologist or physician). Medical statement must pertain to student, not to dependent.
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For OIS Use Only:

Approved: YES NO If No, reason: _____

Signature of OIS Advisor/DSO: _____ Date ____ / ____ / ____