

# F-1 REDUCED COURSELOAD CERTIFICATION

*(Please Print)*

Student Name: \_\_\_\_\_

Hocking College ID No.: \_\_\_\_\_

INS Admission No. (I-94 Card): \_\_\_\_\_

Email: \_\_\_\_\_

THIS STUDENT IS CERTIFIED FOR A REDUCED COURSELOAD AND TO BE IN LAWFUL NONIMMIGRANT STATUS IN THE \_\_\_\_\_ (QUARTER) 20\_\_\_\_ FOR THE REGULATORY OR OTHER REASON CITED BELOW:

01\_\_\_\_ Completion of a course of study. In final term and enrolled for the number of credits needed to complete the program of study [8 CFR 214.2(f)(6)(iii)(C)].

Have Advisor certify this below.

02\_\_\_\_ Experiencing academic difficulties including initial difficulty with the English language or reading requirements, unfamiliarity with U.S. teaching methods or improper course placement [8 CFR 214.2(f)(6)(iii)(A)].

Have instructor certify this below.

03\_\_\_\_ Authorized vacation period other than summer quarter [8 CFR 214.2(f)(5)(iii)]. Student must attach documentation of enrollment 3 previous quarters and enroll the next three consecutive quarters following the vacation period. This student is eligible to work unlimited hours on campus during the vacation quarter.

04\_\_\_\_ Medical conditions [8 CRR 214.2(f)(6)(iii)(B)]. Have medical professional describe illness and amount of

time needed to recover below. Such authorization needs to be completed quarterly and may not exceed an aggregate of 12 months while pursuing a course of study.

05\_\_\_\_ Concurrently enrolled in two BCIS-approved schools for a total equaling full-time study [OI 214.2(f)(14)].

06\_\_\_\_ Engaged in approved practical training [8 CFR 214.2(f)(10)].

Comments by Instructor/Advisor/Medical Professional:

\_\_\_\_\_  
Name and Title Signature Phone #

**For International Student Services Use Only**

Reduced Course load: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
International Student Services Official