

F-1 REDUCED COURSE LOAD CERTIFICATION

Student Name:	INS Admission No. (I-94 Card)			
Social Security No.:		Email:		
		ED COURSE LOAD AND TO ESTER) 20 FOR THE RE		
		erm and enrolled for the number we your advisor certify this below		plete the
1 0		ng initial difficulty with the Engl roper course placement [8 CFR		
documentation of enrollmen	nt for 2 previous seme	summer Semester [8 CFR 214 esters and enroll the next two imited hours on campus during the seminary of the se	consecutive semesters follow	
	ach authorization needs	(b) (B)]. Have medical professionate to be completed each semester		
05Enrollement is conc 214.2(f) (14)].	urrent when enrolled ir	n two INS-approved schools for	a total equaling full-time st	udy [OI
06 Engaged in approve	d practical training [8 C	FR 214.2(f) (10)].		
Comments by Instructor/Ad	visor/Medical Profession	nal:		
Name and Title		Signature	Phone #	
For International	al Student Sei	rvices Office Use	Only	
Reduced Course load:	Approved I	DeniedISS Officia		