

REDUCED HOURS FORM (RHF)

Please Print Clearly!!!!

Student Number: E00 _____

Student First Name: _____

Last (Family) Name: _____

REDUCED TERM:

FA WI SP SU

20__

E-Mail Address

_____@emich.edu

Date

Dear Professor, Advisor, or Medical Professional,

The above-referenced student is requesting permission to be enrolled less than full time. The Department of Homeland Security (DHS) requires students in F-1 and J-1 (student category) visa status to maintain a full course of study (8 credit hours for graduate and 12 for undergraduates) during the fall and winter terms. However, DHS recognizes that a reduced load is sometimes justified (eventually subject to their audit) for the four reasons indicated below.

OIS requests your assistance in justifying a reduced academic course load. Please check the most appropriate reason below as to why you recommend the student indicated above not be enrolled full time in the specified term. Please have the student return this document to our office (244 Student Center).

Thank you for your time.
OIS

1. _____ **Academic Difficulties** (Cannot drop below 50% of full-time) –

This reason can be used only ONE SEMESTER during the current degree program.

- a. _____ English language
- b. _____ unfamiliarity with teaching/reading requirements
- c. _____ improper course placement (i.e. to include insufficient offering of required courses)

2. _____ **Medical Reasons**—requires documentation by a medical professional on official stationary. If you are visiting EMU Counseling Services, please inform them at the onset that you want a letter for a reduced course load.

3. _____ **Last Term of Study**—having less than the minimum required credit hours needed to complete your program of study. If you only need one course to finish your program of study, the course cannot be taken online. Nor can you have out-of-state CPT, unless it is a degree-required practicum as stated on your program of study.

Printed Name

Academic Advisor/Professor/Medical Professional

Signature

Academic Advisor/Professor/Medical Professional

Date: _____ Course Number: _____

Email Address: _____@_____

I, the student, understand this form **does NOT automatically drop the class**. I must still drop the class officially with Records & Registration, of which I am NOT necessarily entitled to a **refund of tuition**.

Student Signature

Date