Reduced Hours Form (RHF) for PhDs Only

Section To Be Completed by Student
1. Complete the Student Section of this form.
2. Ask your academic advisor to complete the Advisor Section below.
3. Return the completed form to the OISS front desk with your current, up-to-date Program of Study.
4. Submit the Non-Face-to-Face Request to the OISS, if you are only enrolling in a non-face-to-face course.
5. Submit a Low Enrollment Form to Records and Registration, if you are selecting Reduced Hours for Low Enrollment (option #3 below).
6. OISS will email you at your my.emich account when your request is granted or if additional information is needed. Be sure to check email!

___________________________________  _____________________  ___________________
Student’s First Name                      Last (Family) Name                        E ID #
____________________@emich.edu           ___________________  Phone #
E-mail Address                              Phone #
Term Reduced Hours Requested: Fall  Winter  Summer  201___

Have you had any Reduced Hours (RH) approvals in the past?  No or Yes (circle)
If you had previous RH approvals, what kind of Reduced Hours and when? (Example: ☒ Medical FA 2012)
☐ Academic  ☐ Medical  ☐ PhD
☐ Last Term

Do you need to submit the Non-Face-to-Face Request?  No or Yes (circle; read below for details)
If you only enroll in one course, the course cannot be taken online. If your course(s) is/are non-face-to-face only (including independent study/research/thesis/degree-required practicum), you are also required to submit the “Request for Non-Face-to-Face Class-PhDs only”. The form is located on the reverse side. Your RHF will not be approved until all required forms are complete and submitted to OISS.

___________________________________  _____________________  ___________________
Student’s Signature                      Date

Section To Be Completed by Academic Advisor:
The Department of Homeland Security (DHS) requires students in F and J visa status to maintain a full course of study (8 credit hours for graduate students) during the fall and winter terms (and summer if it is their first or last term at EMU). However, DHS recognizes that a reduced load is sometimes justified (subject to OISS final approval) for the academic reasons below. Please indicate why you recommend the student not be enrolled full-time in the specified term. Please sign the form and give it to the student for submission.

1. Academic Difficulties (Academic Difficulties can be used only ONCE during per degree program.)
   Registered Hours = ______ cr. hours (Minimum registered hours for grad students is 4 credits.)
   a. ______ Initial difficulty with English language
   b. ______ Initial difficulty with reading requirement
   c. ______ Unfamiliarity with American teaching methods
   d. ______ Improper course level placement (includes insufficient offering of required courses)
   Explanation (required): ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________

2. ______ Last Term (if the student will complete their academic course requirements in the specified term). Please list the student’s final courses (name, number and credit hours):
   A.) _______________________________________________  B.) _______________________________________________
   Total credit hours of Face-to-Face classes in final term: ________ credit hours. The student must also submit a Non-Face-to-Face Request, along with this form, if all credits are non-face-to-face. The request is located on the back of this form.

3. ______ Low Enrollment for Dissertation/Internship/Comprehensive Exam (if the student has completed the academic courses and is working on their dissertation/required internship/comprehensive exam). The student also must submit a Low Enrollment form to Records and Registration. The student must also submit a Non-Face-to-Face Request, along with this form, if all credits are non-face-to-face.

____________________________  _____________________  ___________________
Advisor’s Name                      Signature                      Date