

**PETITION FOR AUTHORIZATION TO DROP BELOW A FULL COURSE LOAD**

Immigration regulations require that an international student be enrolled full time during each semester. Full-time enrollment requires **12 credit hours for undergraduates** and **8 credit hours for graduates**. There may be exceptions, including such things as health problems, working on a thesis or dissertation, or the last semester of a degree program. If you have a legitimate reason for taking less than the required number of units, please complete this form. This completed form, and accompanying documentation, will be reviewed by a Designated School Official to determine if your reduced course load is authorized.

Please provide any documentation you might have to support your petition. For example, provide an official doctor's note for an illness or a note from a professor on department letterhead.

**PETITION MUST BE SUBMITTED TO ISS PRIOR TO THE SEMESTER ADD DEADLINE.**

BGSU ID: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Family Name First Name

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Apt. City State Zip Code

Undergraduate:  New Student:  Semester: \_\_\_\_\_

Graduate:  Continuing Student:

I am currently registered for \_\_\_\_\_ academic units at BGSU. I am taking less than a full academic load for the following reason(s): (Please explain and provide supporting documentation. Use the back of this page for additional space.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Printed NAME: \_\_\_\_\_

Advisor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ISS ADVISOR/STAFF**

**ADBFC Reason (SEVIS Reportable Event)**

1. Medical Condition or Illness
2. Improper Course Level Placement
3. Initial Difficulty w/ Reading Requirements
4. Initial Difficulty w/ English Language
5. To Complete Course of Study This Term
6. Unfamiliarity w/ American Teaching Method

**FCE Reason**

1. Concurrent Attendance
2. Working on Thesis
3. Working on Dissertation
4. Working on Project
5. Co-op / Internship

|   |        |
|---|--------|
| <b>FOR DSO / ISS STAFF<br/>USE ONLY</b> |        |
| Enrollment Checked: _____               |        |
| Units: _____                            |        |
| Approved                                | Denied |
| By: _____                               |        |
| Date: _____                             |        |