

CLARK HALL, 5<sup>TH</sup> FLOOR, ROOM 543, TEL: 408-924-5920, FAX: 924-5976, EXT.ZIP: 0221

## PETITION FOR REDUCED COURSE LOAD / CONCURRENT ENROLLMENT

Immigration regulations require that an international student study full time during each semester. Full-time enrollment requires 12 credit units for undergraduates and 9 credit units for graduates. There may be exceptions for such things as health problems, taking courses at both SJSU and a community college, or during the last semester of a degree program. If you have a legitimate reason for taking less than the required number of units for a full course of study, please fill out this form. It will be reviewed by an International Student Advisor who will determine if you have an acceptable reason for taking a reduced course load.

*Please provide any evidence you might have to support your claim. For example, provide an official U.S. doctor's note for illness or a note from a professor on SJSU Department letterhead. If enrolling in a community college provide proof of enrollment with this petition at the beginning of the semester. Also, at the end of the semester turn in a transcript showing course completion. For concurrent enrollment, you must enroll for at least 6 units at San José State University.*

**\*\* NOTE: ALL GRADUATE STUDENTS MUST SUBMIT A RECENTLY UPDATED PLAN OF STUDY FORM.**

**PETITION MUST BE SUBMITTED TO THE IPS OFFICE FOR APPROVAL PRIOR TO SEMESTER ADD DEADLINE.**

Date: \_\_\_\_\_ SJSU ID #: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Note: Must be your residence address. PO Box is not acceptable.

Undergraduate  New student  Current Semester: \_\_\_\_\_  
 Graduate  Continuing student  Expected graduation date: \_\_\_\_\_

I am currently registered for \_\_\_\_\_ academic units at SJSU. I am taking less than a full academic program for the following reason(s):

- I am also currently registered for \_\_\_\_\_ academic units at \_\_\_\_\_  
(Number of units) (Name of school)
- Other, explain and provide proof. Use back page for additional space.

\_\_\_\_\_  
 Student's signature Date

**FOR IPS ADVISOR/STAFF:**

**RCL Reason**

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

**FCE Reason**

1. Concurrent Attendance
2. Full-Time per Department
3. Working on Thesis
4. Working on Project

**FOR IPS ADVISOR/STAFF**

Enrollment Checked: \_\_\_\_\_ units / checked by \_\_\_\_\_

Approved  Denied

By \_\_\_\_\_ Date \_\_\_\_\_

Code \_\_\_\_\_ (ex: R3, F1)