



HACKENSACK | PARAMUS | MEADOWLANDS
 International Student Center, Room A-126
 400 Paramus Road | Paramus, NJ 07652
 Telephone: 201-689-7601 | Fax: 201-251-0353

F-1 Student Reduced Course Load Form

Last Name: _____ **First Name:** _____

Student I.D. # _____ **Semester:** _____

Student Email Address: _____

F-1 visa holders are required by United States Citizenship and Immigration Services (USCIS) to maintain full-time student status (12 credit hours) in both the Fall and Spring semesters. However, USCIS recognizes situations in which students may enroll for fewer credits than normally required. In order to authorize an F-1 student for less than a full course load in the Student and Exchange Visitor Information System (SEVIS), requests for reduced course loads must first be discussed with an International Counselor. If approved, the student should maintain a copy of this form, and a copy will be placed in his/her immigration file. Students who select option #4 should provide this form and a copy of their BCC registration to the school that they have concurrently registered at for the above named semester. It is always the student's responsibility to maintain his or her own F-1 status. **Students must complete this form with an International Counselor PRIOR to dropping below (or registering for less than) 12 credits. Failure to do so will result in loss of F-1 status. This form is valid for ONE semester only.**

1. _____ This student has a **medical condition**, which precludes him/her from carrying a full course load. *(Please see other side of this form)*
2. _____ This student has **valid academic reasons** *(student's written explanation and supporting documentation must be attached.)*
3. _____ This student needs less than a full credit load **to complete his/her program of study.** *(Please attach program evaluation to this form, to be printed off from student's WebAdvisor)*
4. _____ This student is **concurrently enrolled** at _____ and is carrying _____ hours of credit there and _____ hours of credit at Bergen Community College. *(Proof of concurrent enrollment is **REQUIRED**.)*

I have read this form and I understand the F-1 regulations associated with carrying less than a full course load.

Student Name (printed)

Student Signature

Date

Signature of International Counselor

Medical Reduced Course Load/Medical Leave Request

Part I (To Be Completed By Student)

Last Name: _____ First Name: _____

Student ID Number: _____ Email: _____

Semester you are requesting a reduced course load: _____

Number of credit hours that you would like to take (put 0 if you would like to take the semester off completely): _____

Please explain why you are requesting a reduced course load for a medical reason or a medical leave:

Procedure: You must fill out the Medical Information Sheet that you will receive from the International Counselor. This form allows the BCC school nurse to call your doctor to discuss your case with him/her. Give the green portion to your doctor, and bring the pink and yellow sheets back to the international student counselor, with the letter from your medical doctor (MD), and this form.

Student's Signature: _____ Date: _____

Part II (To Be Completed By Nurse, HS-100)

(Nurse, please return this form only, via intercampus mail to A-126 to Prof Annique Nestmann. Please keep the copy of the doctor's note and any supporting medical information for your files.)

Date Received forms: _____

Medical Leave of Absence (Circle One): Granted Denied

Reason: _____

Part III (To Be Completed by International Student Counselor, A-126)

International Counselor's Name: _____

Date first saw student: _____

Date received forms from student: _____

Date forms sent to Nurse: _____

Date received notification from Nurse: _____

Date Notified Student: _____

Date entered in SEVIS, if granted: _____