CERTIFICATION FOR REDUCED COURSE LOAD FOR STUDENTS IN THE F-1 AND J-1 IMMIGRATION CLASSIFICATION

Student: Please fill in your name, NUID and SEVIS Number (number on the top right hand corner of your I-20 above the bar code), mark the semester and year that you are requesting certification and give this form to your faculty/academic advisor. This form must be completed AND APPROVED prior to being enrolled less than full time. Your SEVIS (Immigration) record may be terminated for failure to enroll if you are not enrolled full-time at UNL during the fall and spring semesters. You will receive an automated e-mail from isso@unl.edu when a decision is made.

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Academic/Faculty Advisor: The student listed on this form is requesting to be enrolled for less than full time. Please review the notes below and certify on page 2 that that the student meets one of the eligibility requirements. Please return this form in a sealed envelope to: International Student and Scholar Office, ATTN: RCL Form, Seaton Hall, Suite 201, CC - 0639.

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Notes: The U.S. Department of Homeland Security (USDHS) requires all international students who are in the F-1 or J-1 immigration classification to be enrolled in a “full course of study” or to be approved for a reduced course load to maintain their lawful immigration status in the United States.

A “full course of study” at the University of Nebraska – Lincoln is defined by immigration regulations to be:

- Graduate Students: a minimum of 9 credit hours
- Undergraduate Students: a minimum of 12 credit hours
- Intensive English Program Students: a minimum of 18 clock hours of attendance per week

Exceptions to the “full course of study” rule as set forth in the immigration regulations are:

- Academic Difficulties: Limited to one of the reasons once per degree/program level
- Concurrent enrollment: Must be enrolled at the other institution for the entire duration of the UNL semester. Please attach proof of registration at the other institution.
- Master’s Thesis or Doctoral Dissertation: Must be certified as a full-time student by Graduate Studies prior to approval from the ISSO. Must be enrolled for at least one credit hour. This certification can be requested at: http://research.unl.edu/gradstudies/fulltime/
- Final Semester: This reason should be used only when the student will be completing their entire program of study (including completion of thesis or dissertation)
- Medical reasons: The academic/faculty advisor does not need to sign for a medical reason. Only a physician (M.D.), Doctor of Osteopathy (D.O.) or a licensed Clinical Psychologist (please include license number) may sign for medical reasons.
(To be completed by student)

Name (first, last) 
NUID
SEVIS Number

Semester (Fall, Spring or Summer and Year):

Immigration regulations allow for the following exceptions to the “full course of study” requirement:

(To be completed by academic/faculty advisor)

☐ Academic Difficulties
   ☐ Student is in first semester and is having difficulties with the English language or reading requirements
   ☐ Student is unfamiliar with American teaching methods
   ☐ Student was placed at an improper course level

☐ Student is registered for coursework at another institution that fulfills UNL degree requirements and which, combined with coursework at UNL, comprises a full course of study.

☐ Student is working full-time on master’s thesis, is registered for a least one credit hour and has been certified by Graduate Studies as a full-time student. Please attach a copy of the Graduate Studies authorization.

☐ Student is a doctoral candidate, is working full-time on doctoral dissertation, is registered for at least one credit hour and has been certified by Graduate Studies as a full-time student. Please attach a copy of the Graduate Studies authorization.

☐ Student is in final semester and needs fewer hours to complete program of study.

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Academic/Faculty Advisor’s Signature
Date

Academic Advisor’s e-mail
Phone
Department

To be completed by physician, doctor of osteopathy or licensed clinical psychologist

☐ Medical reasons: I certify that this student is compelled by illness or other medical condition to:
   ☐ Interrupt
   ☐ Reduce the course of study
   Recommended number of hours of study: 

Treating Physician, Doctor of Osteopathy or Licensed Clinical Psychologist Signature

Clinic
Address
Phone