

REDUCED COURSE LOAD APPROVAL FORM

TO BE COMPLETED BY STUDENT

Last Name:	First Name:
Email:	New School ID: N00
Educational Level: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate Major:	
Semester Requested for Reduced Course Load:	

Student's Confirmation: I understand that this request for a reduced course load, if approved, is solely for the purpose of maintaining my F-1 non-immigrant status and that a reduced course load may disqualify me from eligibility to work on campus or to receive scholarships and/or other student benefits in accordance with university policies. I also understand it is my responsibility to complete the withdrawal process (after I receive approval) for any classes I choose to drop.

Signature of Student _____ Date: _____

TO BE COMPLETED BY ACADEMIC ADVISOR:

A full course of study at The New School is defined as: Graduate: 9 credit hrs (Parsons or Mannes 12 credit hrs) ESL Certificate: 18 hrs of class weekly Undergraduate: 12 credit hrs Film Production Certificate: 12 credit hrs.	
Reason for under enrollment:	
Academic: The student will take _____ credits due to: <input type="checkbox"/> Initial difficulty with reading requirements <input type="checkbox"/> Initial difficulty with the English language. <input type="checkbox"/> Unfamiliarity with American teaching methods <input type="checkbox"/> Improper course placement. <input type="checkbox"/> Concurrent enrollment in courses at another university which bring total enrollment to full time.	
Completion of course of study: <input type="checkbox"/> Student needs less than full-time course load to graduate at the end of this semester. (Please note that student must graduate this semester)	
Medical: <input type="checkbox"/> Illness or medical condition that prevents full-time study. (See back page for instructions)	
Please use the back of this form for further comments if necessary	
Academic Advisor:	
Name of Department:	
Phone:	Email:
Signature:	Date:
For ISS Office Use ONLY	
ISS Advisor Signature:	Date:

International Student Services

79 5th Avenue, 5th Floor New York, NY 10003 Phone (212) 229-5592 Fax (212) 229-8992
150 West 85th Street, Lobby New York, NY 10024 Phone (212) 580-0210 Fax (212) 580-1738

ISS@NewSchool.edu

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Please Note:

Approval for medical reasons must be obtained each semester requested.
Approval cannot exceed an aggregate of 12 months per program level.

Please attach a letter on letterhead signed by an appropriate medical official as described below.
The letter must:

- recommend the student reduce course load due to medical reasons
- be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
- include the student's full name and date of birth
- be dated and specify for which semester the reduced course load is being recommended.

Something similar to the following wording is suggested:

As a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), I recommend "Student's full name DOB" reduce his/her course load due to a temporary illness or medical condition for the "appropriate semester".

ACADEMIC ADVISORS: Please use this space for further comments as necessary.