

**International Student and Scholar Services**  
**Binghamton University Box 6000**  
**Binghamton, New York 13902-6000**  
**607-777-2510 (phone)**  
**607-777-2889 (fax)**

**REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD  
DUE TO COMPLETION OF STUDY  
FOR STUDENTS IN F-1 STATUS**

This form is provided for your convenience. The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for approval to take a reduced course load because he/she requires less than a full-time course load to graduate in the semester indicated below. **Permission from the Office of International Student and Scholar Services MUST be obtained before the student registers.** A F-1 student who registers for less than a full course of study without the **prior** approval of the Office of International Student and Scholar Services will be in violation of federal regulations governing F-1 students and will be considered to be out of status.

**A student who registers for less than a full course load because he or she intends to graduate in that semester, and then does not graduate, will then be considered to be out of status and risks losing all F-1 benefits, including employment.**

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**Student Completes This Section:**

Student Name: \_\_\_\_\_ Degree Sought:  Bachelor's  
(please print)  Master's  
Student ID or Soc. Sec. No: \_\_\_\_\_  PhD

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Completion Date: \_\_/\_\_\_\_\_/\_\_\_\_\_

*Note: you must also file either the Graduate School's "Certification of Candidacy Form" or the Registrar's Office's "Application for Undergraduate Degree" as appropriate, which states your intention to graduate.*

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**Advisor Completes This Section:**

Semester and Year for this request: Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

The student named above is applying for a reduced course load due to completion of course of study (student will graduate in the semester indicated).

I certify that the student named above will meet all requirements for graduation at the conclusion of the semester indicated above.

\_\_\_\_\_  
Advisor's Signature Name & Title (please print)  
\_\_\_\_\_  
Department (please print) Telephone \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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For Office Use Only  
ISSS Action & Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Entered in SEVIS (Date): \_\_\_\_\_

Candidacy form submitted: \_\_\_\_\_ Student notified by e-mail (date): \_\_\_\_\_ SEVIS RTI Screen Printed: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES,  
NELSON ROCKEFELLER CENTER ROOM G-1**