



REDUCED COURSE LOAD REQUEST FORM

Student ID #: _____

Student's Name: _____
Last Name First Name Middle Name

Current Address: _____

City State Zip

Reason for taking Reduced Course Load (please check one or more boxes below and submit form with supporting documentation):

- Academic Difficulty – to qualify, student must submit a letter from the Academic Department stating the student is having difficulty with the English language, the student is unfamiliar with U.S. teaching methods and/or the student was improperly placed in a course level.
- Medical Condition – to qualify, student must submit medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist stating that the student is unable to study due to an illness or medical condition.
- Completion of Course of Study - to qualify, student must obtain approval from Academic Department by the obtaining a dean's signature below which confirms the student needs less than 6 credit hours to complete his or her program of study.

DEAN APPROVAL _____ **DATE** _____

SUBMIT FORM TO THE INTERNATIONAL STUDENT AFFAIRS' OFFICE

FOR STAFF USE ONLY:

Reduced Course Load Approved: YES NO

Reduced Course Load Approved based on:

Academic difficulty Medical condition Completion of degree

DSO Signature: _____

Printed Name: _____

Date: _____