Application for a Reduced Course Load

**Student Section:**

Family name_________________ First name_________________ Student ID#_________________

Program/Major:___________________ Undergraduate Graduate

Is this your first term/semester? Yes No Is this your last term/semester? Yes No

Reason for requesting a reduced course load: ______Medical condition ______Academic reasons (1st or last term only)

If this is not your last term/semester, briefly explain why you are requesting a reduced course load:

____________________________________________________________

Signature:___________________________ Date_____/_____/20__

**Medical Professional Section:**

The above named international student is requesting a reduced course load on the basis of a medical condition. Immigration law requires confirmation in writing from a medical professional that a reduced course load is appropriate because of the student’s medical condition.

Doctor’s Name_________________ Phone #: (         )_______-____________

☐ A reduced course load is recommended from ______/____/20__ through ______/____/20__

☐ A zero course load is recommended from ______/____/20__ through ______/____/20__

☐ A reduced course load is not required.

Please provide a brief explanation to justify the recommendation for a reduced course load.

____________________________________________________________

Signature:___________________________ Date_____/_____/20__

**Academic Advisor Section:**

The above named international student is requesting a reduced course load on the basis of academic necessity. Immigration law requires confirmation from the academic advisor that a reduced course load is appropriate in the student’s first or last semester/term.

Is this the student’s first semester/term: Yes No

Please check one of the approved academic reasons for a reduced course load that best describes the student’s situation.

☐ Improper course level placement

☐ Initial difficulty with reading requirements

☐ This is the student’s final term/semester

☐ Initial difficulty with the English language

☐ Unfamiliarity with American teaching methods

Signature:___________________________ Academic Dept___________________ Date_____/_____/20__

*MBA students need the signature of Tiki Van Heest (Hanson House 109)

**Administrative Evidence Section:**

☐ Copy of Drop Slip from Registrar/Program attached

☐ Drop Slip not required – dropping a course was not required this term/semester