Reduced Course Load Request

Name:			
	(LAST name)	(First name)	
Student ID# SEVIS ID #:			
Semest	er for which you are requesting	a Reduced Course Load:	
Prograi	m of Study or Major:		
Reasor	you are requesting a Reduce	ed Course Load: (check one)	
Acade	mic Difficulty:		
	Initial difficulty with the Engl	ish language.	
	☐ Initial difficulty with Reading requirements.		
	Unfamiliarity with US teaching methods or requirements.		
	☐ Improper course level placement		
Illness	or Medical Condition:		
Da	te(s) of illness or medical condi	ition:	
	Documentation is on file in the International Student Advisor's Office.		
	Documentation is attached.		
evidend the illn * If you appoint	ce from a licensed medical doctors and the period of time you was need to reduce your course load	ad but do not meet these qualifications, please make an tional Student Advisor to discuss your options BEFORE	ature of
Signatı	ıre:	Date:	
		(For office use only)	
	Approved Date:	Period Covered:	
	Denied because:		