Office of International Services (OIS) Reduced Course Load Request

Section A: To Be Completed by Student

Name:			
Family/Last		Given/First	Middle I.
Date of Birth:	Day	Year	
Email:			
Major:		Academic Level (BA, N	//A, PhD, etc.):
I am registering for	credit	s during the:	
[] Spring Semester of [] Fall Semester of		_(year) _(year)	
I request that my acadimmigration purposes for			full-time enrollment for
Check one that applies:			
[] #1 Academic difficulties four academic difficulty reason full-time course load: [] initial difficulties with the course load: [] initial difficulties with reason full-time course with reason full-time course level p	asons on English ading requant	ly once per degree and manguage (during the first uirements (during the first ning methods (during the fi	ust be enrolled at least half year only) year only)
[] #2 Medical reason: Att osteopathy, or licensed cli Information to your doct required information. A s	nical psy or to en s	chologist. Show the ISS F sure that the doctor's let	ter will include the
[] #3 Master's or Doctora semester of coursework be per degree).			
[] #4 Expected completion (must graduate this semes		of course of study: Month	h: Day: Year:

Section B: To Be Completed by Student's Academic Advisor

Signature of OIS Advisory	Dotos
[] Approved [] Denied for the following reasons:	
Section C: To Be Completed by an OIS Adviso	r
Advisor's Signature:	Date:
Academic Advisor's Name:	Department:
[] I do NOT recommend that the above request be following reason(s):	
[] I have reviewed and recommend the above required on this form is accurate and in conformate departmental/college/university policies and an expension of the conformation of the confor	nce with applicable