

Request for Reduced Course Load

I would like to request an authorization for Reduced Course Load in:

_____ Semester 20____ for the reason marked below.

Check one:

- Illness or Medical Condition
- Initial Difficulty with the English Language
- Initial Difficulty with Reading Requirements
- Unfamiliarity with American Teaching Methods
- Improper Course Level Placement
- To complete Course of Study in this semester
***Attach the approval note/document from an academic counselor to prove the completion of study.**

Academic Counselor Signature: _____ Date: _____

- Concurrent Attendance at _____
***Attach Registration & Payment Record** from the other school at the beginning of the semester and submit the **Transcript/Grade Report** after the semester.

I understand that I can make this request only once if my request is made because I am completing my course of study in this semester.

Print Name: _____

Student Signature: _____ Date: _____

DSO Authorization Signature: _____ Date: _____