

## Request for Reduced Course Load Authorization

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

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  
**\*Attach a letter from a certified physician stating the nature of your condition and the recommendation for your reduced course load.**
  
- 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.**
  
- 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.**

**Counselor's Recommendation:**

---

---

---

**Academic Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**\*I understand that I can make this request only once if my request is made because of academic difficulty reason or because I am completing my course of studies in this semester.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**DSO Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_