



STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

E-mail Address

Telephone Number

Academic Degree Level

Academic Department

Date expected to complete all coursework for degree program

Date expected to complete all requirements for graduation

TO THE ACADEMIC ADVISOR

To be completed and signed by the Academic Advisor, Department Head, or Dean

Reduced course load is recommended based on the following reasons:

- Initial difficulty with English language
Initial difficulty with reading requirements
Unfamiliarity with American teaching methods
Improper course level placement
Illness or medical condition (physician's note is required)
Final academic term; academic program expected to be completed during the current academic term

Comments:

Recommended # of academic credit hours for this semester

Anticipated Graduation Date

I certify the above is correct and that I have reviewed and approved the reduced course load request.
STUDENT Signature: Date:
ADVISOR Signature: Date:
ADVISOR Name & Title: