

Request for Reduced Course Load

Last Name	First Name		Stud	dent ID #
Email		Phone		
Quarter Requested: 🗆 V	Vinter □ Spring □] Summer	□ Fall	Year
To maintain valid F-1 or J-1 course load every academi students can request a red Please select ONE of the fo	c quarter. There are e uced course load for a	xceptions to iny of the ac	this requir ceptable re	rement and international easons listed below.
☐ Illness or other medica	l condition			
 Please provide medic osteopathy, or a licer condition AND the per 	nsed clinical psycholog	gist substant	iating the	illness or medical
☐ Academic difficulties (p	olease select one of th	ne following))	
Initial difficulty with	n reading requirement In the English language J.S. teaching methods)		
 Please note: reduced quarter of study at Fu 		emic difficult	ties is only	allowed during your <u>first</u>
☐ Complete course of stu	ı dy (i.e. last quarter o	f study)		
- Number of units need	ded to complete prog	ram:		
☐ Vacation Quarter				
 Students are eligible consecutive quarters quarter. 	•			` ·
The <i>Request for Reduced C</i> the quarter for which you			-	pefore the beginning of
Student Signature				Date
ISO OFFICE USE: Date Received	Date Studen	t Notified	Ар	proved / Denied Initials