

**International Student and Scholar Services**

**To the Student: You and your academic advisor will receive an e-mail if the reduced course load is approved.**

|  |  |
|--|--|
| <b>Student's name</b>  |  |
| <b>TUID</b>  |  |
| <b>Field of Study:</b>   |  |
| <b>Beginning Date of Current Degree:</b>   |  |
| <b>Expected Completion Date of Program</b>   |  |
| <b>Total # of Credits Needed to Receive Degree</b>   |  |
| <b>Total # of Credits Accumulated to Date:</b>   |  |
| <b>Level of Study</b>  | <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD <input type="checkbox"/> Other  |
| <b>Semester for the Reduced Course load</b>  |  |
| <b>After careful review of this student's case, I recommend part time enrollment for the semester requested above based on the reason I have indicated below (please check one):</b> | <input type="checkbox"/> <b>Student is in first semester IN THE UNITED STATES in a degree program and needs time to adjust to the American classroom, the English Language or intensive reading requirements</b> |
|  | <input type="checkbox"/> <b>Improper Course Level Placement – Advisor must include a letter explaining how the department incorrectly advised the student regarding her/his registration</b>                     |
|  | <input type="checkbox"/> <b>Student has a medical condition that prohibits a full time course load – this must be accompanied by medical documentation (see page 2 of this handout)</b>                          |
|  | <input type="checkbox"/> <b>Current Semester is the student's final semester. Student has applied for graduation and will meet degree requirements on _____</b>  |
| <b>Advisor's Name:</b>   |  |
| <b>Advisor's Signature:</b>  |  |
| <b>Advisor's Email:</b>  |  |
| <b>Date:</b>   |  |