



Revised on: 05/29/09

REQUEST FOR A REDUCED COURSE LOAD

Please return the completed form to the **International Student Programs** Office. A reduced course load may NOT be approved for financial reasons.

Name: _____
(Please print) Family First

Student ID number: _____ I-20 expiration date: _____

Daytime phone: _____ Email: _____

Major: _____ Degree Sought (i.e. AA, AAS, etc.): _____

Quarter for which this form applies: _____ Expected graduation date: _____

I hereby petition to have _____ credits accepted as equivalent to a full course of study for the following reasons:

- Illness or Medical Reasons (**You must attach a completed *RCL Medical Info form.***)
- Improper Course Level Placement
- Initial Difficulty with Reading Requirements
- Initial Difficulty with English Language
- To Complete Course of Study in Current Term (**You must attach a completed a program worksheet which is signed by your program advisor.**)
- Unfamiliar with American Teaching Methods

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge and that failure to disclose and submit complete and accurate information may result in dismissal from the college.

Date: _____ Signature of Student: _____

Please do not write below this line – this space is reserved for ISP advisors only.

CERTIFICATION OF ISP ACADEMIC ADVISOR

Date: _____ Signature of Academic Advisor: _____

() Approved () Denied

For these reasons: _____

