

Part I. Student's Information	
1. Student's Family Name:	
First Name:	
Middle Name:	
2. KID No.:	
3. SEVIS ID No.:	
4. I-20 Expiration Date:	
5. Email Address:	
6. Phone No.:	
7. Degree: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other.	
If Other:	
8. Major Field of Study:	
9. Department:	
10. College:	
11. Street Address:	

Part II. Purpose and Category	
12. Select <u>only one</u> box:	
a) <input type="checkbox"/> Initial difficulties with the English language or reading requirements (<i>first term only, minimum of 6 hours required</i>)	
b) <input type="checkbox"/> Unfamiliarity with U.S. teaching methods (<i>first term only, minimum of 6 hours required</i>)	
c) <input type="checkbox"/> Improper course level placement (<i>minimum of 6 hours required</i>)	
d) <input type="checkbox"/> Illness or Medical Condition (<i>additional documentation is required</i>)	
Please attach a letter from your doctor (i.e., licensed physician, licensed clinical psychologist, doctor of osteopathy) explaining the necessity of a reduced course load. This option is renewable for up to 12 months in aggregate, provided the renewal is obtained in advance of every term. If more than 12 months are needed, the student must change status or leave the U.S. to pursue medical care at home.	
e) <input type="checkbox"/> Graduate student considered to be pursuing a full course of study (per graduate catalog or academic department policy) while working on research project, thesis or dissertation after he or she has completed all the course requirements or has registered for the last course and no more required course(s) to enroll. This semester is not his or her final semester.	
f) <input type="checkbox"/> This is the Student's Final Semester . Student has fewer than 12 (for an undergraduate student) or 9 (for a graduate student) semester credits remaining to graduate. Ability to extend student's current program beyond this term is limited. The student must be enrolled in at least one required class.	

Part III. Signatures	
13. This student has departmental approval for a reduced course load. The student will be registered for _____ credit hours during _____ semester and, per degree plan, need	

MORE credit hours (number of credit hours remaining) to complete all degree requirements in order to graduate.
14. Name of Advisor:
15. Advisor's Email Address:
16. Phone No. of Advisor:
17. Signature of Advisor:
18. Date of Signature:
If this is not the student's final semester, the signature of Dean of Graduate Studies is also required.
19. Dean's Signature:
20. Date of Signature: