

Advisor Completes This Section:

Semester and Year for this request:

Fall: _____ Spring: _____

1. Academic Difficulty:

The student named above is applying for a reduced course load due to (check one only):

- Initial difficulty with English language or reading requirements
- Unfamiliarity with U.S. teaching methods
- Improper course placement (provides course number and name) _____

Please be advised that per USCIS regulations a reduced course load for academic reasons must consist of at least six credits.

I certify that the student's request to take a reduced course load is due to one of the three reasons listed above. I provide the following information to support the recommendation:

_____ Telephone #: _____
Advisors/Professor Name (please print)

_____ Date: _____
Advisors/Professor Signature

2. Completion of Studies:

The student named above is applying for a reduced course load due to the completion of studies. I certify that the student named above will meet all the requirements for graduation at the conclusion of the semester indicated above.

_____ Telephone #: _____
Advisors Name (please print)

_____ Date: _____
Advisors Signature

<p>For Office Use Only:</p> <p>ISSO Action: _____ Date: _____ Initials: _____</p> <p>Date Student was contacted: _____</p>
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