



Have you ever been approved for a Reduced Course Load at another U.S school? _____ Yes _____ No

II. TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

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

- Initial Difficulty with English Language or Reading Requirements (new students only)
- Unfamiliarity with U.S. Teaching Methods (new students only)
- Improper Course Placement (please provide course number/name & attach detailed explanation Letter)
- Completion of Study – Final term of Study

I certify that the student's request to take a reduced course load is due to one of the reasons listed above. The student will only be enrolled in ___ units for the above-indicated semester. I provide the following information to support my recommendation:

Advisor's Signature

Name and Title (please print clearly)

Department (please print clearly)

(____) - _____
Telephone

____ / ____ / ____
M D Y

For Undergraduate Students Only

III. TO BE COMPLETED BY AN ACADEMIC ADVISOR IN THE ADVISING CENTER, BELL TOWER ROOM 1595

I certify that the student named above is enrolled in his/her final units needed for degree completion and that s/he will meet all GENERAL EDUCATION and other university graduation requirements (outside of the student's major field of study) for graduation at the conclusion of the semester indicated above.

Advisor's Signature

Name and Title (please print clearly)

Department (please print clearly)

Department (please print clearly)

(____) - _____
Telephone

____ / ____ / ____
M D Y

Office Use only:

Date Received: _____ Approved ☐ Denied ☐ Date student notified by e-mail: _____

IP Action: _____ IP Advisor's Initials: _____ Date entered into SEVIS: _____