



# INTERNATIONAL STUDENT SERVICES

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## STUDENT REDUCED COURSE LOAD REQUEST FORM

STUDENT INFORMATION: TO BE COMPLETED BY THE STUDENT (PLEASE TYPE)

Family Name:		Given Name:	
Date of Birth:	Phone:	Email:	
Current address:			
City:	State:	Zip Code:	
CWID#	Major:	SEVIS Number: N _____ (Look on I-20)	

Expected Graduation Term:

Spring  Fall  Summer Year \_\_\_\_\_

Indicate the term for which you are requesting a reduced course load.

Fall  Spring  Summer Year \_\_\_\_\_

**THIS FORM IS ONLY VALID FOR ONE SEMESTER.**

Indicate the reason for your request:

- Final semester and less than a full course load required to graduate. Are you registering for online courses?  Yes  No  
**IF YOU HAVE ONLY ONE COURSE REMAINING TO GRADUATE, THAT COURSE CANNOT BE TAKEN ONLINE.**
- Academic difficulties (Choose reason and attach advisor letter)
- a. \_\_\_ Initial difficulties with the English language or reading requirements
  - b. \_\_\_ Unfamiliarity with U.S. teaching methods
  - c. \_\_\_ Cancelling a class due to improper course level placement.
- Medical Reason (Attach documentation)
- Participating in a full-time required internship or full-time co-op program. (Attach documentation)
- Work on thesis or dissertation; or preparing for preliminary examinations.
- Conducting full-time research overseas for more than 5 months or study abroad (Attach academic adviser's letter of consent.)

I request a reduced course load based on the information provided with this form.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADVISOR INFORMATION: TO BE COMPLETED BY THE ACADEMIC ADVISOR

Academic Advisor Name (Printed):

Phone:	E-mail:
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Student's Current Level of Education:  Bachelor's  Master's  Doctorate  Other

Academic Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_