



**Advisor Completes This Section:**

Semester and Year for this request:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ (Term 1) \_\_\_\_\_ (Term 2)

**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 Name (please print)

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

For Office Use Only:

ISSC Action: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Student was contacted: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE ISSC**