

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:

Advisors Name (please print) Telephone #: _____

Advisors Signature Date: _____

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.

Advisors Name (please print) Telephone #: _____

Advisors Signature Date: _____

For Office Use Only:

ISSC Action: _____ Date: _____ Initials: _____

Date Student was contacted: _____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE ISSC