

MEMORANDUM FOR REDUCED COURSELOAD

TO: International Services Office

FROM: _____ (Academic Advisor, please print name)

_____ (Signature)

_____ (Phone #)

RE: _____ (Please print student's name)

DATE: _____

I recommend that the student referenced above be allowed to enroll in a less than full-time load and be considered to be engaged in a full course of study for the following reason:

_____ graduate student who has completed all coursework, registering in thesis or dissertation research hours or hours needed for non-thesis comprehensive exam

_____ undergraduate student who needs fewer credits to complete his or her program in the final semester of study

OR

I recommend that the student referenced above be allowed to enroll in a less than full-time load and be authorized a reduced course load for the following reason:

_____ medical condition (see attached medical documentation)

_____ academic difficulty

_____ initial difficulties with the English language

_____ initial difficulties with reading requirements

_____ unfamiliarity with American teaching methods

_____ improper course level placement

Explanation/comments:
