

## Request for Less Than Full-Time Enrollment

International Student Services  
Office of Admissions and Records

Must be completed by student and returned along with supporting documentation to a DSO in the Office of Admissions and Records, LIB 121. Student must receive DSO authorization for less than full-time enrollment *prior to* dropping courses.

### STUDENT INFORMATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SEVIS Number: \_\_\_\_\_ HSC ID#: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Street Number City State Zip  
Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Date of first entry into the U.S.: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PROGRAM INFORMATION

College: \_\_\_\_\_ Major: \_\_\_\_\_  
Degree: B.S. \_\_\_\_\_ M.S. \_\_\_\_\_ Ph.D. \_\_\_\_\_ Professional \_\_\_\_\_

### ENROLLMENT INFORMATION

Semester: \_\_\_\_\_  
Current Enrollment: \_\_\_\_\_  
Hours Dropping: \_\_\_\_\_  
Remaining Enrollment: \_\_\_\_\_

Reason for reduction:

\_\_\_\_\_ Final Semester  
\_\_\_\_\_ Initial difficulties with the English language  
\_\_\_\_\_ Initial difficulties with English reading requirements  
\_\_\_\_\_ Improper course level placement  
\_\_\_\_\_ Medical Issues (pg 2 required)

-----PRINT ON MEDICAL OFFICE LETTERHEAD-----

Date

RE: REDUCED COURSE LOAD FOR MEDICAL REASON

As a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, I recommend that (student's name) reduce his/her course load or withdraw from all classes due to a temporary illness or medical condition for the dates beginning (date) to (date).

Sincerely,

Doctor's Name

Address

Office Telephone Number

Fax Number

Email Address