Request for Authorization of Reduced Course Load at UAH

F-1 international students are required by federal law to enroll and complete a full course of study each semester (12 hours for undergraduates and 9 hours for graduate students). Please complete this form and return it to SSB 218 to request a reduction in course load. *NOTE: This form must be completed and*

signed BEFORE a student registers for less than full time or withdraws from any class that will result in less than full time enrollment. Failure to do so will result in the student falling "out of status" <u>Submission of this form does not guarantee approval of the student's request.</u>

SECTION I (To be completed b	v the Student)	
Name		lent ID# A
(Last/Family)	(First/Given) (Middle)	
Telephone Email Address		
	s PhD Major/Dept	
	by the student's Academic Advisor or D	
	hours at UAH this semester and plans to g	
	for (semester and year)	
	ch a signed and dated letter from a licensed	
	nd recommendation. NOTE: Reduction/W	
	and documented every semester. A maxi	
authorized for reduced	course load based on medical condition.	
 Student has completed al 	l coursework and is registered for Comprel	hensive Exam on(date)
 Student is expected to gr 	aduate this semester—Attach copy of grad	duation application and current, updated
Program of Study.		
 Student is in first semeste 	er at UAH and is having difficulty with the	English Language—Attach letter from
Director of ESL program	assessing the difficulty and the recommen	ded action. NOTE: Student must still
	ım of six hours and must resume full cou	
	SL classes this semester to overcome the	
	be authorized during a program level.	
 Student is in first semester at UAH and is having academic difficulties due to American teaching methods, 		
reading requirements or improper course level placement—Attach letter from the faculty member teaching		
the course or academic advisor detailing the situation. NOTE: Student must still be enrolled in a		
	and must resume a full course of study th	
	Ity can be authorized during a program	
	or less than full time enrollment is for th	
	this particular request in no way grants	
during previous semesters or fu		approvarior part time em omitem
during previous semesters of ru	ture semesters at Civili	
Advisor's Signature	Advisor's Printed Name	Date
au visor s signature	Advisor 5 i inited ivalle	Bate
Department Chair's Signature	Department Chair's Printed Name	Date
Department Chair's Signature	Department Chair STTIIted Name	Date
International Student Addition	Dete	
International Student Advisor	Date	
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**Please contact an International	Student or Scholar Advisor at 256-824-605	or isss@uan.edu for assistance.