## 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>

£	<u>es not guarantee approv</u>		<u>s request.</u>			
	ON I (To be completed	by the Student)				
Name		(F' ((C' ))	0(111)	Student ID# A		
Talamba		(First/Given)				
Telepho	$ne_{\underline{\qquad \qquad }}$	$\underline{\qquad}$ Email AC	laress			
				visor or Department Chair)		
				d plans to graduate		
Reduced	l course load is requested	1 for (semester and	d year)	based on the following:		
•				n a licensed physician or clinical psychologist		
				duction/Withdrawal due to medical condition		
	must be re-authorized	and documented	l every semeste	er. A maximum of 12 months may be		
	authorized for reduce					
•				or Comprehensive Exam on(date)		
•	• Student is expected to graduate this semester—Attach copy of graduation application and current, updated					
	Program of Study.					
•	Student is in first semes	ster at UAH and is	having difficul	ty with the English Language—Attach letter from		
				recommended action. NOTE: Student must still		
				me full course of study for the next semester.		
				rcome the deficiency. Only one reduction due to		
	academic difficulty ca					
				ic difficulties due to American teaching methods,		
				t—Attach letter from the faculty member teaching		
				OTE: Student must still be enrolled in a		
				of study the next semester. Only one reduction		
	due to academic diffic					
This red				nt is for the semester indicated above and is for		
				ay grants approval for part time enrollment		
	previous semesters or f			a grants approval for part time emonitement		
uuring	previous semesters or r	uture semesters a	<u>it U2111.</u>			

Advisor's Signature	Advisor's Printed Name	Date	
Department Chair's Signature	Department Chair's Printed Name	Date	
International Student Advisor	Date		

\*\*Please contact an International Student or Scholar Advisor at 256-824-6055 or isss@uah.edu for assistance.