Reduced Courseload Form

This form must be submitted before the end of the add/drop period of the semester to which it applies or prior to dropping any class throughout the semester that would place you below the normal full-time enrollment requirements (12 credits for undergraduates and 9 credits for graduates). Submit complete form to ISSS (Blome Hall). Submitting this form does not guarantee approval for a reduced course load. Please wait for approval confirmation from your International Student Advisor before dropping any class. Additional documentation may be required depending upon the reason.

Section A: To Be Completed by Student

Name: ____________________________________________________________
(First/Given Name) (Last/Family Name)
SEVIS ID: __________________________ NAU ID: ____________________ Email: __________________________
Phone: __________________ Education Level: □ Bachelor’s □ Master’s □ Doctorate Immigration Type: □ F-1 □ J-1
Semester/Year Requested: _______________ Proposed Number of Credits: _______

Section B: To Be Completed by Advisor

Please use this form to verify your student’s request for a reduced course load. If none of the reasons below applies, do not sign this form.

Applicable to All Students (Choose One)

☐ Initial difficulty with the English language or reading requirements (available only first term)
☐ Initial unfamiliarity with American teaching methods (available only first term)
☐ Improper course level placement (available only once per program)
☐ In final semester of degree program and enrolled for number of credits necessary to graduate.
(available only once per program)

   Please indicate course(s) required: _______________________________________________

☐ Illness or Medical Reason (Must submit letter from a U.S.-licensed doctor or clinical psychologist detailing medical reason and recommendation for a reduced course load)

Applicable to Graduate Students

☐ Student holds a 20 hour/week graduate/teaching/research assistantship and is registered for a minimum of 6 graduate-level credits.
☐ Student has completed/is completing formal coursework and is working full-time on thesis or dissertation.

Academic Advisor, Name: __________________________ Signature: __________________________ Date: ________________

For Graduate Students Only

Your signature below will certify that the student’s proposed reduced course load will fulfill Northern Arizona University Graduate College requirements for maintaining full-time enrollment status.

Dean, Graduate College, Name: __________________________ Signature: __________________________ Date: ________________

ISSS USE ONLY: ☐ Approved ☐ Denied If Denied, reason: ____________________________________________
Date: ______________________ Processed by: __________________________