



REQUEST FOR REDUCED COURSE LOAD

F-1 Students are required to maintain a full course of study throughout their degree program. A full course of study is defined by Eureka College as 12 semester credit hours. A student enrolling in less than a full course of study without prior approval of the (P)DSO will be considered in violation of F-1 status. If granted Reduced Course Load, the student must resume a full course of study at the next available semester, excluding a summer session, in order to maintain study status.

TO BE COMPLETED BY THE STUDENT:

Student's Name: _____
(Family Name) (First name)

TO BE COMPLETED BY THE ADVISOR:

Student may be authorized for a Reduced Course Load if they meet one of the following requirements. Please check the box which applies.

- Academic Difficulties - ***If this option is chosen, please describe reasoning below.*** Please note: A student who has previously been authorized to drop below a full course of study due to academic difficulties **is not eligible for a second authorization** by the (P)DSO due to academic difficulties while pursuing a course of study at the same program level.
 - Improper course level placement: _____
 - Initial Difficulty with the English language: _____
 - Initial difficulty with the reading requirement: _____
 - Unfamiliarity with American teaching methods: _____
- Medical Condition(s) – **Medical reduced course load cannot exceed 12 months.** In order to be authorized for reduced course load based upon an illness or medical condition, the student must provide medical documentation from a licensed medical doctor, doctor osteopathy, or licensed clinical psychologist to the (P)DSO to substantiate the illness or medical condition. Updated medical documentation required for each semester of medical Reduced Course Load.
- Completion of Course of Study – Student is in **final semester** and fewer courses are required to complete the course of study. Please list remaining coursework:

Number of credit hours student will be enrolled in: _____ Semester/School year: _____

Faculty Advisor Signature: _____ Date: _____

Print Name: _____

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

Signature of (P)DSO _____ Date Processed: _____

Comments: _____