



Request for Authorization for Reduced Course Load

I will be completing my course of study during the _____ semester and need only _____ credits. I request authorization to take a reduced course load during that term.

Name _____

Student ID # _____

Degree level (bachelors, masters) _____

Degree program (nursing, business, etc) _____

Passport expiration date _____

I-20 expiration date _____

F-1 visa expiration date _____

Do you plan to apply for Optional Practical Training? _____

Student signature _____ Date _____

Email _____ Phone _____

Please attach a copy of your Registration form for the term. You will receive an official letter of Authorization for Reduced Course Load after processing.