



**Information:** All students planning to enrolled in less than a full course of study must obtain **PRIOR** authorization to maintain status with USCIS. A new request must be submitted for reauthorization if a student is requesting a waiver for more than one (1) term. It is the student's responsibility to complete a Leave of Absence form with their department or the Office of Registrar.

**Directions:** This form must be completed and submitted with your request to reduce course load, if requesting for Academic Difficulty or Master's level excuse. Section 1 is to be completed by the student and Section (2) to be complete by the Faculty Advisor

<b>1. Student Information</b> <b>***Please write clearly***</b>		
Family Name:	Given Name:	Student ID#:
Program: <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> Exchange <input type="checkbox"/> ELP <input type="checkbox"/> SA USA <input type="checkbox"/> APP	Major:	
<b>TERM:</b>	<b>Spring</b> <b>Fall</b> <input type="checkbox"/> <b>Summer</b>	<b>YEAR:</b> _____

<b>2. Faculty Advisor Approval Required</b>	
<b>Academic Difficulty*</b>	
<input type="checkbox"/> Initial difficulty with the English language	<input type="checkbox"/> Unfamiliarity with reading requirements
<input type="checkbox"/> Unfamiliarity with U.S. teaching methods	<input type="checkbox"/> Improper course level placement
<b>*ACADEMIC DIFFICULTY</b> Initial difficulty with the English language, Unfamiliar with reading requirements, Unfamiliar with U.S. teaching methods, and Improper course level placement are the only acceptable reasons to reduce a course load due to academic difficulty. Each category may only be used the first quarter of the student's program.	
<b>Master Program Culminating Course or Undergraduate Concurrent Enrollment (please turn in evidence as necessary).</b>	
<input type="checkbox"/> Master's Project <input type="checkbox"/> Last Class <input type="checkbox"/> Comprehensive Exam <input type="checkbox"/> Thesis <input type="checkbox"/> Other course requirement: Course# (s) _____	
<b>Comment:</b>   	
Academic Advisor Signature:	Date:
Printed Name:	Department:
Email:	