



Reduced Course Load Form

TERM Requesting: _____

Student Name

ID Number

By submitting this request with attached documentation by a clinical professional, I would like to be allowed to take a reduced course load of two courses per trimester and have my tuition appropriately prorated. I understand approval of a reduced load will only pertain to the trimester[s] indicated above and that I must submit an updated request every trimester/academic year, as appropriate.

I also attest that I have read the Reduced Course Load Policy and am aware that a reduced course load may have significant impact on my financial aid and/or academic progress.

Student Signature

Official Authorization

By signing below, I attest to the student's special circumstance and recommend a reduced course load of ____ courses.

Director of Student Support Services

Date