REDUCED COURSE LOAD REQUEST
(permission for part-time enrollment at SCCC)

Directions:

1. Complete ALL information in student section. Students graduating from Professional/Technical programs must also submit a Program Checklist. Please see your program counselor for information on Program Checklists.
2. Submit form to the International Student Center BEFORE the start of the quarter in which you want to study part-time.
3. Watch your email for a message from an IEP advisor about your eligibility for a Reduced Course Load. Please allow at least 5-10 business days for your request to be processed.
4. If your request is approved, then there is nothing further you must do. If your request is NOT approved, then you must study FULL-TIME.

STUDENT Section – please PRINT very clearly!

___ ___ ___ - ___ ___ - ___ ___ ___ ___ **N**_____
Student ID Number **SEVIS ID Number**

NAME:_____
Last (Family) Name First Name Middle Name(s)

Address (house number, street, Apt. #):_____

City:_____ State:_____ Zip Code:_____

Local Phone:_____ Email:_____

Quarter & Year for reduced enrollment: Fall / Winter / Spring / Summer Year: _____

My reason for less than full-time study at SCCC is (check one and submit additional info as noted):

☐ **Graduating quarter for** (circle one): AA / AS / AAS Major:_____

***AAS degree students**: You must apply to graduate at the Registration Office before you submit this form.*

☐ **Medical reason –** Must attach authorization form signed by a licensed medical doctor/ or licensed clinical psychologist/ or doctor of osteopathy. Form is available in ISC or on our website.

☐ **Concurrent enrollment –** You must attach your course schedule from the other school.

☐ **Initial academic difficulty** (*first quarter in U.S. only*)

ADVISOR Section

Student is eligible for Reduced Course Load (circle one): YES / NO

☐ Completing degree with _____ cr. to include (courses):_____

☐ Medical leave authorized: FT / PT for: Fall / Winter / Spring / Summer

☐ Concurrent enrollment: ____ cr. at SCCC and ____ cr. at _____ (other school)

☐ Initial academic difficulty

Notes:_____

_____ _____
Advisor's Signature Date

Data Entry: ☐ DB ☐ SEVIS: _____/_____/20_____☐ email