

REDUCED COURSE LOAD (Less Than Full-Time Enrollment) REQUEST FORM

Please present your student ID when you submit this form to the IEP office. If you are not the student named below and need to submit this form on behalf of him or her, you must provide a written consent from the student.

Today's Date (Month/Date/Year) _____/_____/_____

FIRST NAME : _____ LAST NAME: _____

Student ID: _____ SEVIS ID (on top right of the I-20): N _____

Local Address: _____ Apartment # _____ Zip Code 98 _____

*Local Phone (**required**): (_____) _____ *Email Address (**required**): _____

I am requesting reduced enrollment authorization due to (check one):

_____ **Graduating quarter:** _____ **(Quarter) 20** _____
(Circle your degree) AA/ AS/ AAS/ Short-Term Certificate/ Internship Program

_____ **Medical reason:** _____ **(Quarter) 20** _____

Letter from a licensed medical doctor/ or licensed medical psychologist/ or doctor of osteopathy must be attached

_____ **Concurrent enrollment:** _____ **(Quarter) 20** _____

Schedule of class(es) enrolled at other school must be attached

_____ **Initial Academic Difficulty :** _____ **(Quarter) 20** _____
(first quarter only)

To be completed by an Advisor

[ANDREA] **Graduating quarter:** student is completing the program of study _____ (Quarter) 20 _____
AA/ AS/ AAS/ Short-Term Certificate/ Internship Program (Circle)

[YUKARI] **Medical Reason:** medical leave authorized for _____ (Quarter) 20 _____

[YUKARI] **Concurrent Enrollment: student enrolled for** _____ **credits at**
_____ **during** _____ (Quarter) 20 _____.

In total, the student enrolled for at least 12 credits, including regular classes and maximum 3 credits of on-line classe at SCCC.

[BRIAN] **Initial Academic difficulty:** authorized for _____ (Quarter) 20 _____

Advisor's Signature

Date

Database _____ SEVIS Updated: ____/____/20____

Rev. 8/06 YZ