

APPLICATION FOR REDUCED COURSE LOAD

Your Academic Advisor needs to mark the box that corresponds to the academic reason you would like to be enrolled less than full-time this semester. Bring completed form to the Office for International Students for approval by an International Student Advisor. If you are planning to withdraw from a course(s), please indicate the course number(s) below.

PLEASE NOTE: This is only an *application* to be authorized to be enrolled less than full-time. Final authorization comes with a confirmation email sent from an advisor in ISS. Only after you receive confirmation should you proceed to make changes in your enrollment.

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TO BE COMPLETED BY THE STUDENT

Student Name _____ ID# _____ Date of Birth _____
Family name First name (Given Name) (CWRU Student ID, ie 1234567) (Month/Day/Year)

E-mail address _____ Phone _____

Signature _____ Date _____

Undergraduate Student Graduate Student Are you completing this form in order to withdraw from a course during the academic semester: Yes No

If yes, from which course(s) are you planning to withdraw: _____

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TO BE COMPLETED BY THE ACADEMIC ADVISOR OR DEAN

Reason Why Student Needs to Drop Below Full-Time Enrollment Status this Semester: (Please select only one)

Unfamiliarity with American teaching methods (Option available only in first year of study in the United States, including ELS) *Please attach a letter explaining why this should be approved*

Initial difficulties with the English language (Option available only in first year of study in the United States, including ELS) *Please attach a letter explaining why this should be approved*

Initial difficulties with reading requirements
Please attach a letter explaining why this should be approved

Improper course level placement
Please attach a letter explaining why this should be approved

To be signed by an Academic Advisor or Dean

Name _____ Phone _____

Signature _____ Date _____

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For ISS use only

Permission granted for Fall _____ Spring _____ Summer _____ by _____ on _____.