

**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*

Expect to complete remaining coursework for degree completion this semester

Student only needs to take \_\_\_\_\_ credits to complete degree in  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

*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 \_\_\_\_\_.