



University of
LOUISIANA
at Monroe

**Recruitment and Admissions
Office of International Student
Programs and Services**

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STUDENT REDUCED COURSE LOAD REQUEST FORM

STUDENT INFORMATION: TO BE COMPLETED BY THE STUDENT (PLEASE TYPE)

Full Name:

Date of Birth:

Phone:

Email:

Current address:

City:

State:

ZIP Code:

CWID#

SEVIS Number:

Degree:

Mayor:

Expected Graduation Term:

Spring ☐ Summer ☐ Fall ☐ Winter ☐

Year:

Undergraduate ☐ Graduate ☐

Indicate the term for which you are requesting a reduced course load. This form is valid for one semester only.

Fall ☐ Spring ☐ Summer ☐ Year _____

Indicate the reason for your reduced course load:

___ 1. Final semester and less than a full course load needed to graduate. Are you registering for online courses?

☐ Yes ☐ No IF YOU HAVE ONLY ONE COURSE REMAINING TO GRADUATE, THAT COURSE CANNOT BE TAKEN ONLINE

___ 2. Academic difficulties (Attach advisor letter)

a. ___ Initial difficulties with the English language or reading requirements

b. ___ Unfamiliarity with U.S. teaching methods

c. ___ Cancelling a class due to improper course level placement.

___ 3. Medical Reason (Attach doctor letter)

___ 4. Participating in a full-time required internship or full-time co-op program. (Attach documentation)

___ 5. Work on thesis or dissertation; or preparing for preliminary examinations.

___ 6. Conducting full-time research overseas for more than 5 months or study abroad & academic adviser's letter of consent.

I have read and I understand the instructions on the reverse side of this form.

Student's Signature: _____

Date: _____

ADVISOR INFORMATION: TO BE COMPLETED BY THE ACADEMIC ADVISOR

ACADEMIC ADVISOR Name (Printed)

Phone:

E-mail:

Fax:

Title:

Address:

Student's Current Level of Education: Bachelor's ☐ Master's ☐ PhD ☐ Other ☐

Academic Advisor's Signature: _____

Date: _____