

Southern Arkansas University Tech

International Student Services

Request for Reduced Enrollment

Full Name:	Student ID:
Email:	Date of Birth:
First Semester at SAU Tech: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	Country of Citizenship:

Remember, there are several regulations regarding fulltime status and if you are not sure if you qualify for a reduced course load, then you need to see your PDSO or DSO before you proceed with dropping any of your classes.

YOU CANNOT REGISTER FOR ONLY AN ONLINE CLASS IF THIS IS YOUR LAST SEMESTER.

You need a reduced course load for: Fall Spring Year: _____

If you need a reduced course load because of a medical condition, you need an official letter from a U.S. licensed doctor or clinical psychologist detailing the medical reason and recommendation for a reduced course load.

I understand the information and regulations concerning reduced course loads.

Student Signature: _____ **Date:** _____

For Academic Reasons:

To be completed by the Academic Advisor:

F1 students are required to enroll and complete a minimum number of hours each semester (12 hours for undergraduate). In certain situations, students may be able to drop below this requirement. Please select the situation that applies to this student. If you have questions, please contact International Student Services at 870-574-4504.

- Difficulty with American teaching methods, English language or reading requirements.
(This can only be used during the student's first academic semester.)
- Improperly enrolled in a higher level course.
- This is the student's last semester and only needs _____ hours to graduate.

As the Academic Advisor for this student, I approve this student to carry less than the required number of units as indicated above.

Academic Advisor Name: _____ Phone: _____

Signature: _____ Date: _____

Official Use Only

Approved on: _____