

Reduced Enrollment Request Form

To be completed by student

Name: Stud	ent ID#: SEVIS ID# N00
Email:	Tel#:
Department:	Degree Level:
Completion date on current I-20 form:	
	e Instructor urse load one time only per degree level. To receive sed by the academic adviser and returned to the UND
Students must receive confirmation of authorizational Student Advisor <u>before</u> they drop a authorization will result in the student's loss of authorization.	
 University policies state that undergraduate st registered for and complete at least 12 credits per credits. A graduate student with an assistantship 	
Security as valid reasons for authorizing reduced	y reasons listed by U.S. Department of Homeland enrollment. If none of the reasons listed fit with ble for a reduced course load so please do not
Semester Requested: Summer 20 Intended number of credits:	☐ Fall 20 ☐ Spring 20
Reason for Request	
Illness or medical condition (must have su	pporting letter from physician)
☐ Initial difficulty with English language (first	or second semester only)
☐ Initial difficulty with reading requirements ((first or second semester only)
Unfamiliarity with American teaching meth	nods (first or second semester only)
☐ Improper course level placement (any terr	m)
I endorse and recommend less than full-time requested.	registration for this student during the semester
Signature:	Date:
Name and title:	
Campus Phone :	