

TO BE COMPLETED THE STUDENT

Last Name:		First Name:	
Date of Birth: (mm/dd/yyyy)		Student ID #:	
Telephone #:		SEVIS #:	
Email:			

I am registering for _____ credits during the

Spring Semester of 20_____
 Fall Semester of 20_____

I am requesting approval of a reduced course load for the following reason (CHOOSE ONE):

- Improper Course Level Placement
- Initial Difficulty With Reading Requirements (*First year ONLY – No Transfer Students*)
- Initial Difficulty With The English Language (*First year ONLY – No Transfer Students*)
- To Complete Course Of Study In Current Semester (*Must Graduate In The Current Semester*)
- Final Semester Of Coursework Before Start Of Thesis Or Dissertation (*Once Per Degree*)
- Illness Or Medical Condition (*Physician Proof Required – Advisor Signature Not Required*)

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY BSU ACADEMIC ADVISOR

I have reviewed the student's request and confirm that the information provided is accurate

I have reviewed the above request and do not recommend that student's request be granted for the following reason(s) :

**This form is only valid when received directly from the Academic Advisor / Department.
Please email to internationaloffice@bowiestate.edu**

Advisor Name:	Advisor Signature:
School/Department:	Email/Phone #:

This form is only acceptable when received directly from the Academic Advisor / Department. Please email to internationaloffice@bowiestate.edu

TO BE COMPLETED BY OES:

Date Received: _____ APPROVED

P/DSO Name: _____ DENIED

Signature: _____