



GLOBAL ENGAGEMENT OFFICE
INTERNATIONAL STUDENT AND SCHOLAR SERVICES

REDUCED COURSE LOAD FORM

You must complete the following form for each semester that you are enrolled less than full-time. Obtain your academic adviser's signature, and then return the form to the Global Engagement Office.

Do not drop below full-time status until you receive an email message or verbal confirmation from the Global Engagement Office stating if your request has been processed and approved in SEVIS for the semester.

Name: Family/Last Name Given Name Middle Name

Local Address:

Phone:

Social Security Number: Semester/Year: Fall Spring

Rank: Freshman Sophomore Junior Senior
Master's Program Doctoral Program Post-Doctoral Program

College/School: CCAS HCB University College
Medical Law SPAHP
Dental COB Certificate Program

Major:

Expected Date of Graduation:

Student's Signature: Date:

NOTE: U.S. Federal Regulations require all students on an F-1 or J-1 visa to be enrolled full-time. The following is a list of reasons the student may be enrolled less than full-time. Please indicate the reason why this student may enroll less than full time.

- The student is having difficulties with the English language (in first year of study only)
The student is having difficulty with English language (in first year of study only)
The student is unfamiliar with American teaching methods (in first year of study only)
The student has been placed at the improper course level
Reduced Course Load for the above reasons may be requested only one time during each degree program

- Student is in final term of study and needs fewer hours to complete program
Graduate student's course work has been completed and student is working on thesis or dissertation
Student is registered at another institution and which combined with coursework at Creighton comprises a full course load.
Name of Institution (Student must be enrolled for at least 6hrs at Creighton)
Medical condition (please attach documentation from a licensed medical doctor or clinical psychologist)

Printed Name of Academic Advisor: Email

Signature: Date: Phone:

Designated School Official's Approval: Signature Date