REQUEST FOR REDUCED COURSE LOAD/FULL TIME STATUS

Full Name_____ **ID** _____

Phone _____   **E-mail**_____

Street Address or P.O. Box_____

City, State & Zip_____

Have you declared a major?_____   **If so, what?**_____

I am requesting a reduced course load while maintaining full time status for
_____semester.   **Deadlines are August 1 for Fall semester and January 2 for Spring semester.**

Name of Disability. If you have more than one diagnosis, please list them all.

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Please explain in your own words why you need a reduced course load.

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Please attach medical and/or psychological documentation that is recent enough to evaluate the current impact of your disability. If you already have professional documentation on file in DRS, please check with your Coordinator to determine if it is sufficient.

Signature_____   **Date**_____