

**THE UNIVERSITY OF MEMPHIS**

**REDUCED COURSE LOAD/FULL TIME STATUS**

**APPROVAL AND STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, understand that I have been approved for a reduced course load while maintaining full time status for \_\_\_\_\_ semester. By signing below, I am acknowledging compliance with and consent to the following conditions:

I understand that I must register for at least nine (9) credit hours. If I go below nine hours, I will no longer be classified as full time.

I understand that I must maintain satisfactory academic progress and meet the same academic standards required of other students.

I understand that taking a reduced course load will have an impact on the amount of time required to obtain my academic goals and that I am responsible for consulting with my academic counselor or advisor about these consequences.

I understand that my reduced credit load will result in an adjusted or prorated Federal, State, and institutional financial aid package and that I am responsible for discussing this impact with a counselor in the Student Aid Office, if applicable.

I understand that a reduced credit load may affect any private scholarship funding I may be eligible for and that I am responsible for discussing this impact with the Scholarship Office and/or the private funding source, if applicable.

I understand that the requirements for continuation of funding through state or federal vocational rehabilitation agencies may differ and that I am responsible for contacting my rehabilitation counselor to determine how a reduced course load will affect my funding.

I understand that my reduced credit load may affect my eligibility for health or automobile insurance coverage, and that I am responsible for consulting with my insurers to determine the impact.

I understand that if I am an athlete, the NCAA has published eligibility requirements for certified student athletes with disabilities and that it is my responsibility to discuss these requirements with my coach and with my counselor in Athletic Academic Services.

I understand that other external programs or services not listed here could be affected by my use of this status and that I am responsible for discussing its impact with other programs which may be affected.

I understand that continuation of this status is not automatic and that if I need this status in following semesters, I must request it each semester and be re-evaluated.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Access Coordinator, Disability Resources for Students

\_\_\_\_\_  
Date