



Use this form to request reduced enrollment for the following reasons:

- A. Initial difficulties with the English language or reading
- B. Unfamiliarity with the U.S. teaching system
- C. Improper course level placement

Note that reduced enrollment must consist of at least 6 credit hours in a fall or spring semester, and at least half of the normal full-time load for students whose first term at FSU is the summer. Students must resume a full course of study in the first semester after the period of reduced enrollment.

Please attach any required supporting documentation.

Remember to make this request at the beginning of the semester, or before dropping or withdrawing from a class.

Name: EMPLID:

Local Address:

Telephone: E-mail:

Department: Degree Level:

Intended # of credit hours for this term: Completion date on current I-20:

Term of proposed reduced enrollment: Year:

A and B - Initial difficulties with English language or reading or unfamiliarity with the U.S. teaching system (Maximum one semester authorization):

On the back of this form please explain why you are requesting reduced enrollment. Please let us know why you think you need to take fewer credit hours than normally required. If you have lived in the U.S. before, tell us when, how long, and for what reason. Your academic advisor must also sign below your written statement on the back of this form.

C. Improper course level placement (Maximum one semester authorization):

On the back of this form please explain why you believe you are academically unprepared for the course/s in which you enrolled. Be as specific as possible in explaining what prerequisite you might have been missing, or why you believe this is an appropriate reason for you to reduce your enrollment. Your academic advisor must also sign below your written statement on the back of this form.

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Approved Denied

Date:

Name:

Signature

This form is available in alternative format upon request.



Please explain why you are requesting reduced enrollment. Be as specific as possible.

To be completed by student's Academic Department.

I confirm that I have read the student's statement above and that I am aware of his/her reason(s) for requesting a reduced courseload.

Advisor's Name:

Advisor's Signature

E-mail:

Phone:

Date: