Reduced / Concurrent Enrollment Application
To Be Completed by Academic Advisor or Doctor Only

NAME: ___________________________ W#: ___________ DATE: ______

SEMESTER REQUESTED: __________ Weber Email: ________________________

DEGREE PROGRAM: ____________________________________________________________________

Please choose one of the following:

This student has difficulty with the English language or reading requirements (FIRST TERM ONLY), unfamiliarity with American teaching methods (FIRST TERM ONLY), or has been placed in the improper course level due to an advising error.

This student has an illness or medical condition which prevents him or her from pursuing a full course of study (must be certified by a medical doctor (M.D.), doctor of osteopathy (D.O.), or licensed clinical psychologist and include license # and supporting documentation).

This student has verified, through an official degree check, that he/she needs ______ hours to complete the degree program. The student will be enrolled for these hours this semester and will complete the program no later than the end of this semester.

Concurrently enrolled at (other school) ____________________________ for ______ credit hours, which are taught ________ (face-to-face, online, or as a hybrid)

Graduate student with approved assistantship of 15 hours or more per week
(ATTACH SIGNED AGREEMENT AND CONTRACT)

Graduate student who has completed and registered for 6 thesis hours

*If you have any additional information or comments, please attach the documentation to this form. Thank you.

__________________________________________________________
Academic Advisor/Doctor Signature Date

__________________________________________________________
Printed Name Title

---Office use only---

Date Received: ________ Received By: _______________________

Date Processed: ________ Processed By: _______________________

International Student and Scholar Center
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