



Reduced Course Load Application
To Be Completed by Academic Advisor or Doctor Only

Name: _____ W#: _____ Semester requested: _____

Weber email: _____ Degree program: _____

Please choose one of the following:

- ☐ **Academic Difficulties:** Initial difficulty with the English language or reading requirements (FIRST TERM ONLY), unfamiliarity with American teaching methods (FIRST TERM ONLY), or improper course placement due to an advising error.
- ☐ **Medical Conditions:** Must be based on a medical condition diagnosed and documented by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Documentation must be specific and must accompany this form. The physician or psychologist must recommend either part time or no enrollment, and must indicate the term for which the reduced course load is applicable. A reduced course load for medical reasons may be recommended for more than one term, but cannot exceed 12-months. The student must reapply for a reduced course load each quarter/semester
- ☐ **Completion of Course of Study:** The student has verified through an official degree check that he/she needs _____ hours (FILL IN NUMBER) to complete the degree program. The student will be enrolled for these hours this semester and will be able to complete the program no later than the end of this semester.
- ☐ **Concurrent Enrollment:** The student is taking _____ credit hours at another approved institution. These courses will fulfill Weber State University degree requirements, and concurrent enrollment between both schools will equal a full course of study. More than half of the units must be at Weber State University. The student has prior approval from their department and the Registrar's Office verifying the courses taken at another institution will be counted toward the degree program.
- ☐ **Graduate Assistantship:** A graduate student with approved assistantship of 15 hours or more per week (ATTACH SIGNED AGREEMENT AND CONTRACT)

Academic Advisor or Doctor Name (print)

Signature

Title

Date

-----**To Be Completed by ISSC**-----

Date received: _____

By: _____

Date processed: _____

By: _____