



REDUCED COURSE LOAD REQUEST FORM

12750 Fair Lakes Cir,
Fairfax, VA 22033
Phone: 571-633-9651
Fax: 703-890-3372
www.uona.edu

Student ID #: _____ Term: _____

Student's Name: _____
Last Name First Name Middle Name

I am requesting a reduced course load per the reason checked below:

(Please check one or more boxes below and submit form with supporting documentation)

- ☐ Academic Difficulty – to qualify, student must submit a letter from the academic department stating the student is having difficulty with the English language, the student is unfamiliar with U.S. teaching methods and/or the student was improperly placed in a course level.
- ☐ Medical Condition – to qualify, student must submit medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist stating that the student is unable to study due to an illness or medical condition.
- ☐ Completion of Course of Study - to qualify, student must obtain a signature from the academic department which confirms the student needs less than 4.5 credit hours in a specific term in order to complete the academic requirements of his or her program prior to Capstone, or to complete his or her program of study.

Student Signature

Date

APPROVAL:

Academic Department

Date

Expected Graduation Term (POS Attached): _____

SUBMIT FORM TO THE STUDENT SERVICES DEPARTMENT

FOR STAFF USE ONLY:

Reduced Course Load Approved: ☐ YES ☐ NO

Reduced Course Load Approved based on:

☐ Academic difficulty ☐ Medical condition ☐ Completion of degree

DSO Signature: _____

Date: _____

Printed Name: _____