

International Technological University

2711 North First Street - San Jose, CA 95134 Phone (888) 488-4968 www.itu.edu

Reduced Course Load Request Form (F1 Students Only)

Do not drop below or enroll for less than a full course load (9 credit hours) without approval from your Academic Counselor and International Student Office.

First Name	Middle Name	Last Name
Student ID		SEVIS ID (F-1 student only)
Phone Number	Date of Birth	Academic Program (i.e., MS Digital Arts)
Indicate the reason for th	he Reduced Course Load (c	check one):
	will complete their program ed with Petition to Graduate)	and needs less than a full course load to graduate
Medical Reason (attach	doctor's letter).	
Academic Difficulties –	First Trimester Only (check o	one):
☐ Initial difficulti	ies with English language	
☐ Initial difficulti	es with courses	
_	h U.S. teaching methods	
_	_	esting a reduced course load:
Spring Summer	Fall Year:	
Indicate the number of u	— ınits you will be taking dur	ing the reduced course load:
	credit hours	
	<u> </u>	
Student Signature		Date
Student Signature		24.00
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Administrative Use Only:		
Administrative Use Only: Academic Counselor:		
Administrative Use Only: Academic Counselor: (Academic Difficulties On	[by)	Date:
Administrative Use Only: Academic Counselor: (Academic Difficulties On Registrar's Office:	ly)	
Administrative Use Only: Academic Counselor: (Academic Difficulties On	<u>ly)</u>	Date:

