Office of international Student Affairs
Hays Administration Building 102
international@swosu.edu
580.774.3078

Request for Reduced Course Load

Student's name _____ SWOSU ID #_____

Major _____ Degree_____ (Bachelor or Masters)

I request that I be granted a reduced course load for the _____ semester.
Semester / year

I request this because of the following reason (choose 1):

First semester and my English language skills are inadequate for a full course load

First semester and I am unfamiliar with USA university teaching methods

First semester and I was improperly placed in the following class: _____

Last semester and I only need _____ hours to graduate (***you must attach an up-to-date degree check.)***

I am experiencing a health issue that will prevent me from taking a full course load this semester (***you must attach documentation from doctor confirming your health condition.)***

_____ _____

Student's Signature Date

Submit to the Office of International Affairs

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Received and reviewed by Office of International Student Affairs Designated School Official

_____ by _____

(date) (DSO signature)