Request to Reduce Course Load (fewer than 12 credit hours)

Complete this form and return it to International Admissions BEFORE dropping or withdrawing from a course. Make an appointment with an International Admissions Advisor to discuss your request. **Once your request is approved, you may then go to Admissions, U214, to drop or withdraw from the course.**

Section	A (Student Completes):	
Last/Family Name:		First/Given Name:
Date of	Birth (mm/dd/yyyy):	Parkland ID #:
Email (personal):		Email (Parkland student):
Telepho	one:	
Major/P	rogram:	
Number	of Credit hours remaining after drop:	
Reason	for Request:	
Semest	er of Requested Reduced Course load:	Fall Semester () Spring Semester () 20
Signatu	re:	Date:
Section	B (School Official Completes):	
Academ	nic Counselor/Advisor: Please contact In	ternational Admissions (2890) for guidance regarding full course load regulations
Parklan	nd Official's Recommendation (check o	only one):
	Illness or Medical Condition (must be	accompanied by a doctor's note)
	Student is in the final semester and ne	eds less than full course load to complete degree (a completed Petition to Graduate / Informal
	Degree Audit form is required)	
	Other:	
Anothe	r option:	
	Student was placed in a course for wh	ich s/he doesn't have necessary background
	Initial difficulty with English language of	r reading requirements
	Unfamiliarity with U.S. teaching method	ds
Instruc	tor/counselor/advisor (circle one)	
Name: _		Phone #:
Signatu	re:	Today's Date:

