



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

Global Education Office

VCU Immigration Services

912 W Grace St. 4th Floor

P.O. Box 843043

Richmond, VA 23284

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geois@vcu.edu

Reduced Course Load Request

Personal Information: To be completed by student.

SEVIS ID	V #	Date
Last Name	First Name(s)	
VCU Email	Phone Number	Date of Birth (month/day/year)

US Address:

Street Address	Apartment number	
City	State	Zip Code

Degree Level: ELP Bachelor's Master's Doctorate

Program information: To be completed by advisor.

Semester: Spring Fall Year: _____

In order to qualify for a reduced course load, the student must fall into one of the following categories.
There are no exceptions.

- Student is having difficulty with English language or reading requirements (this is only an option during a student's first semester of academic study)
- Student is unfamiliar with American teaching methods. (this is only an option during a student's first semester of academic study)
- Student has been placed in the improper course level.
- Student needs less than a full course load to **complete** the degree program **at the end of this semester.**
- Student has completed formal course work and is preparing for a comprehensive exam.
Exam date: _____
- Student has completed formal course work and is engaged in thesis or dissertation research.
Anticipated defense date: _____
- Student has medical reason for requesting less than full-time schedule (attach signed medical excuse).

*If applicable, list courses that student is withdrawing from: _____

Advisor Name and Title	
VCU Email	Telephone

Advisor Signature

Date