

## REQUEST FOR REDUCED COURSE LOAD

Local Address ONLY – PLEASE PRINT CLEARLY:

First Name _____	Last Name _____
Street _____	APT. # _____
City _____	State _____ ZIP _____

<b>UVA ID #</b>	_____
<b>UVA e-mail</b>	_____
<b>Phone #</b>	_____
<b>Intended Date of Graduation</b>	Spring    Fall    Summer 20____

**INSTRUCTIONS AND IMPORTANT INFORMATION:**

- A **reduced course load** is defined as **more than two classes and fewer than twelve credit hours**. Students must have the approval of their Association Dean to carry a reduced course load.
- Students completing fewer than twelve credits in a term incur **academic probation**, except in their final semester.
- **Enrolling in a reduced course load may jeopardize NCAA eligibility, F-1 or J-1 visa status, financial aid, health and auto insurance eligibility, or veteran’s benefits. Check before you submit this request.**
- **DEADLINE:** This form must be submitted by the DROP deadline of the semester for which the request is made.
- You will be notified of your Dean’s decision via return of this form.
- If approval is granted, you will enroll in your courses through SIS. If you are already enrolled in your intended courses, list below any currently-enrolled courses you wish to drop. You cannot use SIS to drop a class if this action will leave you enrolled in fewer than twelve (12) credits – College administrative staff must drop the course/s.

**Association: Are you or were you ever an**     Echols Scholar     Student Athlete     Transfer Student

If none of the above, what was your **first-year residence hall?** \_\_\_\_\_

If you are an international student on a student visa, check your visa type:     J1     F1

*All international students must obtain written permission from the International Studies Office (Minor Hall) and submit it with this form.*

I hereby request a **reduced course load** totaling \_\_\_\_\_ credits for     **FALL**     **SPRING**    20\_\_\_\_.

Reason for request: \_\_\_\_\_

**Student’s signature:** \_\_\_\_\_

LIST COURSE/S TO DROP		
Subject Area (e.g. ANTH)	Course # (4 digits)	Course Title

*Office Use Only*

Association Dean’s Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CIS: Courses dropped: \_\_\_\_\_ Entered in DB: \_\_\_\_\_ Student notified: \_\_\_\_\_