

BLUEGRASS COMMUNITY & TECHNICAL COLLEGE

Reduced Course Load Request Form



Student Name: _____ BCTC ID#: _____

REQUEST INFORMATION

<i>Semester</i>		<i>Hours Remaining After Drop</i>	
<i>Classe(s) Dropped</i>			

REASON FOR DROPPING BELOW FULL-TIME STATUS

Please check the most relevant authorization reason.

- Illness or medical condition (provide proper documentation)
- Improper course level placement
- Initial difficulty with reading requirements
- Initial difficulty with the English language
- To complete course of study in current term
- Unfamiliarity with American teaching methods

STUDENT INFORMATION

Please check all that apply.

- Student has never received authorization to drop below full-time at BCTC
- Student has previously been authorized below full-time at BCTC (If yes, which semester? _____)
- It is the student's first or last semester
 - First
 - Last

ADDITIONAL COMMENTS/REMARKS

I understand that by signing this form I am requesting to drop below full-time student status. Simply completing this form does not ensure that I will receive approval. I understand that in order to maintain lawful status as an F-1 student, I must remain enrolled in at least 12 credit hours unless otherwise authorized.

Adviser _____ Date _____

Student _____ Date _____

PDSO _____ Date _____

FOR ISS OFFICE USE ONLY: Approved _____ Denied _____ PDSO/DSO Signature _____

Further Documentation Required? _____ Date _____

THIS PORTION OF THE FORM IS ONLY NECESSARY FOR STUDENTS CLAIMING ILLNESS OR MEDICAL CONDITION AS JUSTIFICATION FOR AUTHORIZATION TO DROP BELOW FULL-TIME.

MEDICAL DOCUMENTATION

To be completed by the doctor providing medical services to the student.

Please indicate your recommendation for the student:

- Student should be limited to part-time courses
- Student should be authorized to not take courses
- Student was seen, however, no reduced course load is necessary at this time

Duration of Recommendation:

- One week
- One semester
- Other: _____

Recommendation Start Date (mm/dd/yyyy): _____

Doctor's Signature _____

Office Telephone _____

Office Address _____

FOR ISS OFFICE USE ONLY: Approved _____ Denied _____ PDSO/DSO Signature _____
Further Documentation Required? _____ Date _____