

COLLEGE OF LAW

REQUEST FOR REDUCED COURSE LOAD

Name _____ Mailbox # _____
Last First
SSN _____

I request permission to enroll in _____ hours for _____ semester(s).
This will reduce my course load from _____ hours to _____ hours for the following reasons:

- _____ Employment Conflict (Increased hours, travel, etc.)
- _____ Family responsibilities/problems
- _____ Financial constraints
- _____ Personal health
- _____ Other reasons: _____

Student Signature Date

To Be Completed by Academic Services Personnel

Current GPA _____ Hours Completed _____

Previous Reduced Loads Approved for _____ terms.

- () Approved
- () Denied

Associate Dean Signature Date