



Office for International Students and Scholars

APPLICATION FOR A REDUCED COURSE LOAD AUTHORIZATION

This application must be completed in full and signed by your Academic Advisor, Dean or Department Chair. The appropriate box needs to be checked, corresponding with the reason why you are applying to be enrolled less than full-time this semester. If you are planning to withdraw from a course(s), please indicate the course number(s) below.

PLEASE NOTE: This is only an *application* to be authorized to be enrolled less than full-time. Final authorization comes in the form of a new I-20 with the authorization to drop listed on Page 3.

TO BE COMPLETED BY THE STUDENT

Student Name _____ ID# _____ Date of Birth _____
Family name First name (Given Name)

Signature _____ Date _____

Undergraduate Student Graduate Student

Are you completing this form in order to withdraw from a course during the academic semester: Yes No

If yes, which course(s) are you planning to withdraw from: _____

TO BE COMPLETED BY THE ACADEMIC ADVISOR OR DEAN

Reason Why Student Needs to Drop Below Full-Time Enrollment Status this Semester: (Please select only one)

- Unfamiliarity with American teaching methods (option available only in your first two semesters at WUSTL)
- Initial difficulties with the English language (option available only in your first two semesters at WUSTL)
- Initial difficulties with reading requirements
- Improper course level placement

Please explain: _____

Expect to complete remaining coursework for degree completion this semester

Please complete the following: student only needs to take _____ credits to complete degree in the

Fall _____ Spring _____ Summer _____

TO BE COMPLETED BY THE ACADEMIC ADVISOR

Advisor Name _____ Phone or E-Mail _____
First name Last name

Advisor Signature _____ Date _____

 **IMPORTANT:** This form requires a minimum of 3 business days for processing after you have submitted it to the Office for International Students and Scholars!