



Central Connecticut State University
International Student & Scholar Services, CIE
Carroll Hall – Room 314

Reduced Course Load Form

This Section to be completed by the Student

Student Name: _____ Date of Birth: _____
Please Print *(mm/dd/yyyy)*

Degree Objective: Bachelor Masters Other (*Specify*) _____

Semester: Fall Spring Full Year

Expected Graduation Date: _____
(mm/dd/yyyy)

This section to be completed by the Academic Advisor

Please feel free to consult with the International Student and Scholar Services prior to signing this form if you have any questions at 860-832-2040.

The Student is encountering academic difficulties* due to: (Please circle one)

Initial English language difficulties or reading requirements

Unfamiliarity with U.S. teaching methods

Improper course level placement

Last Semester of Study

*NOTE: This benefit can only be approved for a single semester during any one course of study, and the student must resume a full course of study in the next available term, excluding Summer Session.

Academic Advisor

Phone:

Signature

Date