

REDUCED COURSE LOAD FORM

(Request to Drop Below Full-Time Status)

In order to request a reduced course load and drop below full-time status, please complete the enclosed form.

Please note that your request must be approved by your International Student Advisor before you drop your class(es).

For more information about a program extension, please contact the International Student Advisor at the McGlothlin Center for Global Education and Engagement by calling (540) 831-6200 or emailing globaled@radford.edu.

When ready, please submit all paperwork to:

International Student Advisor
McGlothlin Center for Global Education and Engagement
Cook Hall #105
Email: globaled@radford.edu

REDUCED COURSE LOAD FORM

Part I: To Be Completed By Student

Name: _____

Student ID: _____

E-mail: _____

Phone: _____

Term: _____

Number of Credits Enrolled: _____

Reason for Dropping Courses

- Illness or Medical Condition (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(B\)](#)) (A letter explaining the condition and an explicit recommendation from a U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist on their official letterhead must be provided as supporting documentation).
- Initial Difficulty with English Language (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(A\)](#))
- Initial Difficulty with Reading Requirements (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(A\)](#))
- Unfamiliarity with American Teaching Methods (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(A\)](#))
- Improper Course Level Placement (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(A\)](#))
- To Complete Course of Study in Current Term (8 C.F.R. § [214.2\(f\)\(6\)\(iii\)\(C\)](#))

Student's Signature: _____ Date: _____ (MM/DD/YYYY)

Part II: To Be Completed By The Academic Advisor

Academic Advisor's Signature: _____

Academic Advisor's Name: _____

Date: _____ (MM/DD/YYYY)

FOR MCGEE OFFICE USE ONLY

Request: Approved Denied

Reviewed By: _____

Date: _____