

□Advising

Office for Disability Services Request for Reduced Course Load



Use this form to request the retention of full-time status while taking fewer than the stipulated number of credit hours. The completed form may be printed and submitted to ODS as a scanned attachment or a hard copy, or you may save the completed form to your computer and submit it online via the "submit" button at the bottom of the page.

Student		ID#	Date		
1.	What is the natu	ure of the disability(ies)?	(e.g., learning disability, AD/HD, p	sychological, physical, hearing, visual, etc	c.)
2.	What is the curr	ent impact of the disabili	ty as it relates to academi	cs?	
3.	What accommo	dations have you receive	d in the past?		
4.	In what ways wi	ll a reduced course load a	accommodate your disabil	ity?	
Office Use Only: The following offices have been notified of the status of this request:					
	usiness Office		Yes	No	
	nancial Aid	Accommodation approved			
□R	egistrar	Student notified on (date)			
□R	esidence Life	VPAA notified on (date)			
□А	cademic Affairs	ODS Staff Member			