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International Education and Development  
Dept. of Int'l Student & Scholar Services  
Division of Academic Affairs

## **REQUEST FOR REDUCED ENROLLMENT** **(Except Final Semester)**

Use this form to request reduced enrollment for the following reasons:

- A. Initial difficulties with the English language or reading
- B. Unfamiliarity with the U.S. teaching system
- C. Improper course level placement
- D. Medical problems
- E. Continued Research for Graduate degree or Ph.D. degree

Note that reduced enrollment must consist of at least 6 credit hours in a fall or spring semester, and at least half of the normal full-time load for students whose first term at FAMU is the summer. Students must resume a full course of study in the first semester after the period of reduced enrollment.

**Please attach any required supporting documentation.**

**Remember to make this request at the beginning of the semester or before dropping or withdrawing from a class.**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Intended # of credit hours for this term: \_\_\_\_\_ Completion date on current I-20: \_\_\_\_\_

Term of proposed reduced enrollment: \_\_\_\_\_ Year: \_\_\_\_\_

**A and B - Initial difficulties with English language or reading or unfamiliarity with the U.S. teaching system (Maximum one semester authorization):**

On the back of this form, or on a separate sheet of paper, please explain why you are requesting reduced enrollment. Please let us know why you think you need to take fewer credit hours than normally required. If you have lived in the U.S. before, tell us when, how long, and for what reason.

**C. Improper course level placement (Maximum one semester authorization):**

On the back of this form or on a separate sheet of paper, please explain why you believe you are academically unprepared for the course/s in which you enrolled. Be as specific as possible in explaining what prerequisite you might have been missing or why you believe this is an appropriate reason for you to reduce your enrollment.

**D. Medical (Maximum 12 month authorization):**

Please attach information from a licensed U.S. doctor: a physician, osteopath or psychiatrist explaining the medical reasons that you must reduce your enrollment or enroll in no classes. The letter should include dates and an explanation of how long you must be out of school or enrolled in less than a full course of study.

**E. Continued research for Graduate degree or Ph.D. degree (Maximum 2 semesters for grad. & 3 semesters for Ph.D.):**

Please attach letter from major professor or academic advisor indicating which semester student is expected to complete research and requirements.

**TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISER**

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_