

Do not write in this section: For DSO use only
DSO Decision: _____
Decision Date: _____
DSO Name: _____

Reduced Course Waiver Request Form

Complete Section A and then have an academic advisor/instructor complete B summarizing the reason for a reduced number of credits.

A. To be completed by the student

Name: _____ Blinn ID #: _____

Local Address: _____ Telephone #: _____

Email: _____ Major: _____

Anticipated Completion Date: _____ Completion Date on Current I-20: _____

Student Signature: _____ **Date:** _____

B. To be completed by Academic Advisor/Instructor

Semester Requested: _____

Intended Number of Credit of Registration: _____

- The student is having initial difficulty with the English language, reading requirements, and/or American teaching requirements. (To be completed by the instructor, and must include a statement as to why the student should be allowed to drop for this above mentioned reason.)
- The student has been placed in the improper course level.
- The student needs less than a full course load to finish the degree program this semester.
- The student has a medical reason for needing to be registered less than full time. Attach a letter written by a recognized health care practitioner, such as one who is certified or licensed to provide care in this state. (The letter must be written on professional letterhead stationery. It should state the student's specific condition and the letter should also specify the semester(s) and dates involved. If the medical condition is considered to be ongoing or open-ended, this information should be stated in the letter. In this case, it may not be possible for the student to continue to hold a visa that requires full time class attendance.)

****I endorse and recommend less than fill-time registration for this student during the semester requested****

Academic Advisor/Instructor Signature: _____

Print Name: _____

Date: _____