REQUEST FOR LESS THAN FULL-TIME ENROLLMENT

SECTION A (to be accomplished by student)

STUDENT NAME ____________________________________________

STUDENT ID # ____________________________________________

QUARTER _______________________ YEAR _________________

# OF UNITS REGISTERED _________________________________

SECTION B (to be accomplished by Admissions Director)

☐ The student is having difficulty with English language or reading requirements.
☐ The student is unfamiliar with American teaching methods.
☐ The student has been placed in the wrong course level.
☐ The student needs less than a full-course to finish the degree program this quarter.
☐ The student has a medical reason for needing to be registered less than full-time.
   (see attached medical certificate)

In consideration of the reason/s checked above, I hereby endorse and recommend less than full-time registration for this student during the year and quarter requested.

Recommended by ________________________________

DIRECTOR OF ADMISSIONS

Comments: ____________________________________________

Approved by ________________________________

SIGNATURE OF WITNESS __________________ DATE ________