

Request for Reduced Course Load (Undergraduate Only)



Undergraduate Advising and Research
Sweet Hall, 1st Floor
Stanford University
Stanford, CA 94305-3085
(650) 723-2426
(650) 725-1436 (fax)
vpue-advising@stanford.edu

Purpose:

A *Request for Reduced Course Load* form must be submitted by a student with documented medical circumstances who may complete fewer than 12 but at least 8 units in a given quarter. Documentation must be provided to the Office of Accessible Education (OAE). **Medical/ADA** circumstances may include such things as serious illness or injury (usually but not always requiring medical intervention), diagnosed learning disability, or mental health concerns.

Petition Deadline:

Same as the Course Withdrawal Deadline for the current quarter.

Note: Requests for a Reduced Course Load for prior quarters will not be accepted.

Instructions:

1. Meet with an OAE Advisor to discuss your circumstances and request;
2. Submit appropriate documentation to the OAE advisor;
3. Obtain the OAE advisor's signature;
4. Meet with a UAR advisor to discuss your request, academic progress and academic standing;
5. Obtain the UAR advisor's signature and any other signature(s), and submit form to:

Undergraduate Advising and Research
Attn.: Academic Standing
Sweet Hall, 1st Floor
Stanford University
Stanford, CA 94305-3085
Phone: (650) 723-2426
Fax: (650) 725-1436
E-mail: vpue-advising@stanford.edu

Notification:

You will be sent written notification of the results of your *Request for Reduced Course Load* once it has been reviewed by the Subcommittee on Academic Standing or its designees. In general, petitions take three weeks to review. Notification will be sent to your mailing and/or e-mail address entered on this form. Failure to complete any, or part, of the requested information will delay the review of your request. Unsigned petitions (either by you, the OAE advisor, or the UAR advisor) will not be reviewed. Petitions submitted after the deadline may not be reviewed.

Request for Reduced Course Load (Undergraduate Only)



Undergraduate Advising and Research
 Sweet Hall, 1st Floor
 Stanford University
 Stanford, CA 94305-3085
 (650) 723-2426
 (650) 725-1436 (fax)
 vpue-advising@stanford.edu

Please complete the information below in print or type. Read carefully the instructions on the reverse of this sheet. Attach typed statement to this form. Submit completed form and Personal Statement to: Undergraduate Advising and Research, Attn.: Academic Standing, Sweet Hall, 1st Floor, Stanford, CA 94305-3085. Phone: (650) 723-2426, fax: (650) 725-1436, email: vpue-advising@stanford.edu.

Mr. / Ms. _____

Printed Name of Student (Last) _____ (First) _____ (Middle) _____ Stanford ID Number _____

Classification (Fr., So., Jr., Sr.) _____ Graduation Year _____ Major _____ Second Major (if applicable) _____ Academic/Departmental/Major Advisor(s) _____

MAILING Address _____

HOME Address _____

Phone Number _____ Email Address _____

Residence Dean with whom you have worked (if applicable) _____ UAR Advisor with whom you have worked _____

Quarter/Year: Autumn Winter Spring Summer Academic Year _____

Course Load Requested (in units) _____

Are you requesting an adjustment to your tuition for the units indicated above: Yes No (If yes, financial aid restrictions may apply.)

If you are a non-U.S. citizen, indicate your U.S. visa category:

Student (F1) Exchange Visitor (J1) Permanent Resident (give number) _____

Student Spouse (F1) Exchange Visitor Spouse (J1) Other (specify type) _____

By signing below, I certify that the information contained on this application and all supporting documentation is true and accurate. I understand that misrepresentation(s) of fact and/or circumstance(s) may give rise to a complaint being filed with the Office of Judicial Affairs for investigation as possible violation(s) of the Fundamental Standard.

Student Signature (required)	Date
Academic/Departmental/Major Advisor Signature(s) (optional)	Print Name
	Date
Bechtel International Center Advisor Signature (if applicable)	Print Name
	Date
OAE Advisor Signature (if applicable)	Print Name
	Date
Residence Dean Signature (if applicable)	Print Name
	Date
UAR Advisor Signature (required)	Print Name
	Date

NOTE: The OAE advisor signature indicates endorsement of your request. The UAR advisor signature indicates that the advisor has reviewed with you the petition process and discussed your situation, but does not, necessarily, indicate an endorsement of your request. Advisors may send additional comments to Academic Standing at the address above.

VPUE Use Only

Log _____ Scan1 _____ Decision: ___Approved ___Denied ___Postponed ___Other _____
 Date _____ Date _____ Init. _____ Date _____

Comments:

Record _____ Scan2 _____ Notify _____ Forward _____ Reg. Off. Use: _____
 Date _____ Date _____ Date _____ Date _____ Date: _____